| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 94-8 |
| County Of Opy | Registration Dist. No. |
| Village or City And Half Old | No. St., Ward |
| Length of residence in city or town whare daath occurred 73 yrs | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | MAAANO |
| 2. FULL NAME TOM William | aunag. |
| (a) Residence: Nø. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the yord) | (Month) (Day) , 193 |
| Sa. If married, widowed or divorced HUSBAND of | |
| (or) WIFE of Stusbows wear alongs | 22. HEREBY CERTIFY That I aftended deceased from |
| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | I last saw h Add alive on O |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at / 4.0.2m. |
| 73 70 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade profession or particular | wera as follows: Date of onest |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc | Western Western Wally 3 |
| 9 Industry or business in which work was done, as SILK MILL, | // |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | |
| this occupation (month and spent in this occupation | |
| On to a road | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | anterio Solonosia |
| II 13. NAME & MAGA O. A PLANEAR 1 | |
| 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Ditture (Control or tow | Name of operation |
| (State or country) | What test confirmed diagnosis? Charles Col. Was there an au'opsy? |
| TE 15. MAIDEN NAME MENTENS | 23. If daath was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| X (State or country) | Where did injury occur? |
| 17. INFORMANT Service Gillerus. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Of Savage mil | |
| 18. BURIAL, CREMATION, OR REMAYAL Place | Manner of Injury |
| riate Justin Justin 1990 | Nature of injury. |
| 19. UNDERTAKER | 24. Was disease or injury In any way ralated to occupation of daceased? |
| (Address) | If so, specify |
| 20. FILED / J 193 Registrar. | (Signed) (Andress) (Andress) (Andress) |
| + Herry | 2411 N. Charles Street, Ballmore, Requesting T. S. No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | - | 1 | Example II | |
|---|-----------------------------------|-----|------------|--|---------------|
| The principal cause of importance were as | death and related causes follows: | Dat | e of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | OCT 28 1935 | | 1915_ | Attack of epilepsy | 1 week ago |
| Chronic interstitial neph | itis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MUREAU V. S. | Jul | y5,1927 | Peritonitis | 3 days ago |
| | | | | | |
| Other contributory ca | uses of importance: | | | Other contributory causes of importance: | |
| Gallstones | | Mo | y 1,1923 | Gastroenteritis | 1 year |
| | | - | | | |
| | | | | | |

| ADDITIONAL SI | PACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|---------|-----------|------------|----|-----------|
|---------------|---------|-----------|------------|----|-----------|

N. B.-WRITE PLA

V. S. No. 1

| STATE OF MARY | AND-CERTIFI | CATE | OF | DEATH |
|---------------|-------------|------|----|-------|
|---------------|-------------|------|----|-------|

10601

| 1. PLACE OF DEATH Allegan | 177 | WITHIN OOF | DDODATE MALE | , / |
|---|--------------------------------|--------------------------------------|--|-----------------|
| CountyRITEGAL | Y V | VITHIN COR | Nogistration Dist. No. | 7 |
| Village or City Cumber Length of residence in city of team where of | s N | (lf | No. Allegany Hospital St., feath occurred in a horpital or institution, give its NAME instead of street and not be stree | |
| 2. FULL NAME GLEAR | 10 10. | Raru | If U.S. Veteran specify WAR | |
| (a) Residence: No. Konthik | vaft. | Pa | St., Ward. If nonresident give city or town and | |
| PERSONAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MARI OR DIVORCEI | RIED, WfDOWED, O (write the word) | 21. DATE OF DEATH Oct, // (Month) (Day) | , 193(Year) |
| 5a. If married, widowed, or divorced HUSBAND of Saran • A • Ba | rnes | | 22. HEREBY CERTIFY, That I attended | daceasad from |
| 6. DATE OF BIRTH (month, day, and year) | oct 4. | 1346 | I last saw h Asce alive on Qct 10 1935 | ; deeth is said |
| 7. AGE Years Months | Deys 7 | If LESS than f day,hrs. | to have occurred on the date stated above, at 34 % m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: | Date of onset |
| Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | A 3 T3 | | Chronic myocardetes | 1934 |
| Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. | itred ra | .r.mer. | | |
| 10. Date deceased last worked at this occupation (month and year) | spei | ma (yaars) it in this ipation | | |
| fz. BIRTHPLACE (city or town)(State or country) | Pa | ** | Other Centributery Causes of Importance: | 1930 |
| 13. NAME Able | Barnes | | | |
| 13. NAME Able 14. BIRTHPLACE (city or town) (State or country) | Pa | | Name of operetion Dete of Whet test confirmed diagnosis? Was there an a | |
| 15. MAIDEN NAME Sarah. | Bishop | | 23. If death wes due to external causes (ViOL ENCE) fill in else the following | |
| 15. MAIDEN NAME Sarah • 16. BIRTHPLACE (city or town) (Stete or country) | P | a | Accident, suicide, or homicida? Date of Injury Where did Injury occur? (Specify city or town, county and State of Injury and | |
| 17. INFORMANT Mrs Kate (Address) Cumberlan | | erger | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of injury | |
| Placa Fairview Pa | | 13.1935. | Nature of injury | |
| 19. UNDERTAKER Eph Smi (Address) Artemas | th Pa | | 24. Wes disease or injury in any way related to occupation of dacaased? | |
| 20. Files et 11, 1935 Ja | Phas | klen In! | (Signed) S. Wi Chrevacker | mede. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| August and the second s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | • | |
| | | | |

| 1. PLACE OF DEATH County All A | | 41.6 | Registration Di | ist. No. | |
|---|---|--|--|--------------------|---|
| Village or City Sankley | | No | and the state of t | St. | Ward |
| Length of residence in city or town where death occur | / | f death occurred in a hospital or institutionds. How long in U.S. if | | | |
| 4./ | yrs. mos | | | | mosos. |
| 2. FULL NAME JOHN | 11. Dea | | pecify WAR | | 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - |
| (a) Residence: No. / 134 Collaboration (Usu | al place of abode) | St.,Ward. | If nonresident gi | ve city or town an | nd State |
| PERSONAL AND STATISTICAL P | ARTICULARS | MEDICAL O | CERTIFICATE | OF DEATH | |
| | E, MARRIED, WIOOWED, VORCED (write the word) | 21. DATE OF DEATH | 10 - | 30 - 3 | 75,00 |
| If married, widowed, or divorced | Sugle | | (Month) | (Oay) | (Year) |
| HUSBANO of (or) WIFE of | | 22. I HEREB | Y CERTIFY | | d deceased from |
| DATE OF BIRTH (month, dey, and year) Man | 0-1868 | I last saw h alive on | Det. 29- | | £ ; death is said |
| | ays If LESS than | to heve occurred on the dete sta | ted above, at | | p , would 13 3416 |
| 67 7 2 | I day,hrs. ormin. | The PRINCIPAL CAUSE OF DEA | | | Onte of onset |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 1 4 | Corumos | | Cofo | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | rand | - Ly | ing. | | |
| work was done, es SILK MILL, Weare, SAW MILL, BANK, etc. | . aperal | | | | |
| 10. Oate deceased last worked at this occupation (month and May 199 | Total time (years) specifin this 104 cm | | ~~~~ | | |
| year) | occupation Toyeur | Other Contributory Causes of Im- | portance: | | |
| 2. BIRTHPLACE (city or town) Car Mi | alsole | - | | | |
| (State or country) | 1 4 | | | | |
| 13. NAME (Non 13e | nhy | | | | |
| f4. BIRTHPLACE (city or town) | 7 | Name of operation | × - A - | Dete of | |
| (State or country) | 7 19 | Whet test confirmed diagnosis? | And the second | Was there an | |
| 15. MAIDEN NAME Caltherne | Doll | 23. If death was due to external co | | | |
| 16. BIRTHPLACE (city or town) Assertion (State or country) | The same | Accident, suicide, or homicide? | Da | ate of Injury | , 19 |
| AC OA (1) |) / a | Where did injury occur? | (Specify city or to | own, county and St | ate) |
| (Address) | The | Specify whether injury occurred | In INDUSTRY, in HOM | E, or in PUBLIC P | LACE. |
| B. BURIAL, CREMATION, OR REMOVAL | 1/1/ | Manner of Injury | | | |
| Place Landsorthy - Had Date | /V ,19 55 | Nature of injury | | | |
| O. UNOERTAKER To Sure of Address) | 2- 0 | 24. Was disease or injury In any If so, specify | way related to occupat | ion of deceased? | 20 |
| 11/10 | Va 1h | (Signed) W- Q | Efred Vo | n Rimo | J |

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| Example I | İ | Example II | |
|--|---------------|--|---------------|
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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| Langth of residence in city or town where death occurred ysmosdp. Now long in U. Sit of foreign birth?mosdp. North Common in U. Sit of foreign birth?mosdp. No | STATE OF MARYLAND— | CERTIFICATE OF DEATH 10603 |
|--|---|--|
| Village of City. St., Ward. Length of residence in city or town where death occurred yes. Length of residence in City or town where death occurred yes. (a) Residence: No. (b) How long in U.S/H of foreign birth? (b) How long in U.S/H of foreign birth? (c) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (Usual place of abode) St., Ward. Hammer district of the control of the | 1. PLACE OF DEATH | 11·E |
| Length of residence in city or town where death occurred in a horpital or institution, are in NAME instead of urest and number) 2. FULL NAME (a) Residence: No. (Linus place of about) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (4. COLOR OR RACE (5. SINCLE, MARRID, WIDOWED) OR DIVORCED (write, the word) OR DIVORCED (write, the word | County I LL A TUSIS | Registration Dist. No. |
| 2. FULL NAME (a) Residence: No. (b) Ward. (b) Manual Ma | | |
| 2. FULL NAME (a) Residence: No. (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKIED, WIDOWSD, ORD (wire the word) 50. If married, widowed, or divorced HUSARNO (Day) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days 1 If LESS than the particular wind or word because of timportance were as 1500s. 8. Trade, profession, or particular wind or work does as SPINNER, STATE, BOOKEEPER, Rec. 3. Housery or buddness in which the security of the security of the date stated above, at 3 PQ or were as 1500s. SAMELL, BARK, etc. 11. BIRTHPLACE (city or town). (Siste or country) What test confirmed diagnosis? 12. BIRTHPLACE (city or town). (Siste or country) 13. MADEN NAME 14. BIRTHPLACE (city or town). (Siste or country) 15. MADEN NAME 15. MADEN NAME 16. MARIE AND ASSESSIONAL | | |
| (a) Residence: No. (Uwal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BOVORCE) (write the word) 5. If married, widowed, or divorced (or) WiFe of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than I day, hers, or, min. 1. SAWYER, BOOKEPER, R.C. 3. Housey or, business in wheelt, seen in this occupation month and year) SAW MILL, BARK, etc. 10. Total desceased last weeks dat this occupation (month and year) Year) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? (Journal of Was there an autopsy) 13. MADEH NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? (Journal of Mark was due to external causes (VIOLENCE) fill at last of injury 22. Hearth of DEATH 19. Journal of DEATH 22. HER E BY C E R T L F. Y. Test 1 staggled decessed from the same stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date stated above, at 3 19. Test 1 to have occurred on the date | 60 Y - 11.08 | now long in 0.371 of foleign birth? |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("emir: lie word) OR DIVORCED ("emir: lie word) 5. Life and the state of the sta | 2. FULL NAME Sufur Haroca - | 12-caus |
| 9. SEX A. COLOR OR RACE 15. SINGLE, MARRIED, WIDNEY OR DIVORCED ("write the word) OR DIVORCED (" | (a) Residence: No. | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("winighte word) 5. If married, widowed, or divorced Husballed, will be a served on the date stated above, at 3 seath is sal to have occurred on the date stated above, at 3 seath and related above, at 3 seath and | | |
| 56. DATE OF BIRTH (month, day, and year) 7. AOE Years Months Days If LESS than I day. hrs. or min. 8. Trade, profession, or particular kind of work done, as STIN KR. SAWYER, BOOKKEPER, etc. 9. Industry business in which work was done, as STIN KR. 10. Total time (years) cocupation Other Cestribetery Cases of importance: Date of many day and particular kind of work done, as STIN KR. SAWYER, BOOKKEPER, etc. 10. Total deepensed last worked at year? 11. In Total time (years) cocupation Other Cestribetery Cases of importance: Date of many day and particular kind of work done, as STIN KR. 14. BIRTHPLACE (city or town) (State or county) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) What test confirmed diagnosis: 16. BIRTHPLACE (city or town) (State or county) What test confirmed diagnosis: 17. INFORMANT (Address) Manner of injury Nature of injury | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | |
| HUSBAND of Cory Wife of Cory Wi | 11 W Guagle | (Month) (Day) (Year) |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day hrs or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAW MICL, BARK, etc. 9. Judistry or business in which work was done, as SIX MILL, SAW MILL, BARK, etc. 10. Uste or country) 11. Total time (years) special day of the date of the date stated above, at J. 19 were as 1600. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR AEMOVAL Place Place 19. Judistry 19. UNDETAKER (Address) Manner of injury Nature of injury in any wey related to occupation of deceased? Manner of injury Nature of injury Nature of injury Nature of injury in any wey related to occupation of deceased? Manner of injury Nature of injury Natur | HUSBAND of | 22 A LHEDERY CERTIEV That I attended despected from |
| 7. AGE Vears Month Days If LESS then I day. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have occurred on the date stated above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected to have a reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance was reflected above, at 1 m. The PRINCIPLA CAUSE OF DEATH and rela | (or) WIFE of | 1000 3 100 CC 3 10 PF |
| The principle of the date stated above, at 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The principle CAUSE OF DEATH and related causes of importance or service as 1 mm. The | 6 DATE OF RIRTH (month day and year) Auly 23-1935 | Hast saw harm alive on OCX 2 3 19 35 death is said |
| 8. Trede, profession, or particular sind of work done as cylimbres. SAVER, BOOKEEPER, etc. 9. Jindustry or business in which warry was a street with the compation of worked at this occupation (month and spent in this occupation). 10. Date deceased last worked at this occupation (month and spent in this occupation). (State or country) 11. BIRTHPLACE (city or town). (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) | | 7 100 |
| 8. Trede, profession, or particular mind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BARK, etc. 10. Date deeased last worked at pent of the pent | | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| Section Sect | 8 Trade profession or particular | AM DUMAGATES Date of most |
| Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or county) 13. NAME 14. BIRTHPLACE (city or town) (State or county) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. | kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | A Company of the Comp |
| Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | |
| Other Contributory Causes of importance: Other Contributory Other Contri | - Spellt III (1112 | |
| (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? Date of injury (State or country) Where did injury occur? (Specify city or lown, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of Injury 19. UNDERTAKER (Address) 19. Signed) 24. Was disease or injury In any wey related to occupation of deceased? (Signed) M. (Address) M. (Address) | and laws o. | Other Contributory Causes of importance: |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place (Address) 19. UNDERTAKER (Address) 10. FILED 20. FILED 21. Specify or town) 21. Company or town of the following or town, county and State) 19. UNDERTAKER (Address) 10. FILED 11. Specify or town, county and State) 12. Was disease or injury (Signed) (Address) | | 7. 10. |
| What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy? Is. BIRTHPLACE (city or town) (State or county) Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) What test confirmed diagnosis? Was there an au'opsy? Accident, suicide, or homicide? Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) (Address) M. Registrar. (Address) | 13. NAME harl Bland | - M. fullings |
| What test confirmed diagnosis? What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Carrier and aulopsy? Was there an aulopsy? Accident, suicide, or homicide? Carrier and aulopsy and accident, suicide, or homicide? Carrier and accident, suicide, or homicide? Carrier and aulopsy and accident, suicide, or homicide? Carrier and aulopsy and accident, suicide, or homicide? Carrier and accident, suicide, or homicide? Carrier and aulopsy accident and acciden | 14. BIRTHPLACE (city or town) DAN STORE OF | Name of operation. |
| 23. If death was due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place (Address) 19. UNDERTAKER (Address) | (State of country) | |
| Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) | 15. MAIDEN NAME IN LILY MC REMILE | 23. If death was due to externel causes (VIOL ENCE) fill in also the following: |
| Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) | 16. BIRTHPLACE (city or town) A | Accident, suicide, or homicide? Date of injury, 19 |
| Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place Place (Address) 19. What is good in injury Nature of Injury 24. Was disease or injury In any wey related to occupation of deceased? (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) | (State of country) | |
| Place Margare OCL \$25,19 Nature of Injury 19. UNDERTAKER (Address) + 15 Thrus Margare OCL \$25,19 Nature of Injury In any wey related to occupation of deceased? Margare Occupation of deceased? If so, specify (Signed) Occupation of Margare Margare Margare (Address) (Address) . | والمتعارض والمناه الأحران والمتعارض | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 19. UNDERTAKER (Address) 4 Superior (Address) 24. Was disease or injury In any wey related to occupation of deceased? Moreover (Signed) (Signed) Moreover (Address) Moreover (Address) (Ad | 0 . J . D . 9 1 MAY 1 5 3 H | Manner of injury |
| (Address) 4 straight If so, specify (Signed) 0 straight M. 20. FILED / ()/2 3, 193 S.A. 7 3 straight M. Registrar. (Address) / M. Savo G. M.A. | Place NU Day & Mate UC 29, 19 | - Nature of Injury |
| 20. FILED / 1/2 3, 193 S. A. F. 13 OSTUMBA (Signed) A OFERIUM M. (Address) / May Savo G. M. M. (Address) / May Savo G. M. M. | | |
| Registrar. (Address) | 20. FILED / 1/2 3, 13 SA + 13 OSTHUMA | |
| | Frence Registrar. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis OCT 28 1625 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1 B ż

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 10604 |
|--|---|
| 1. PLACE OF DEATH | |
| County Allegand WITHIN 90F | REGISTRATE LIMITS Registration Dist. No. |
| Village or City federafield (If | No. 306 Washington St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrsmos. | |
| 2. FULL NAME THE STATE OF THE S | |
| (a) Residence: No. 306 Authority (Usual place of abode) | St., S Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MABRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Cct 18, 1935 | I lest saw h alive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the date steted ebove, atm. |
| Stellle as dey,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER. | Date of onset |
| SAWYER, BOOKKEEPER, etc | Stell on |
| work was done, as SILK MILL, SAW MILL, BANK, etc | 4/12 troo gratest |
| 10. Dete deceased lest worked at this occupation (month and year) occupation occupation | |
| 12. BIRTHPLACE (city or town) | Other Centributery Causes of importance: |
| 13. NAME PROJECTED OF BACO | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an eulopsy? |
| 15. MAIDEN NAME Hary Billmeyer | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| E (State or country) | Accident, sulcide, or homicide? |
| on mo | Where did injury occur?(Specify city or town, county and State) |
| (Address) Omnierland Med | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| B. BURIAL, CREMATION, OR REMOVAL | _Manner of injury |
| Place Consider Marte Oct 18, 1985 | Nature of Injury |
| 19. UNDERTAKER Mypuell E, Bond | 24. Was disease or injury In eny way related to occupation of deceased? |
| (Address) (simplesta ma | If so, specify |
| 20. FKEDEL 18, 19 Jack Hrankless, MA | (Signed) (Signed) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|--------------------------------|---------------|--|---------------|--|
| The principal cause of de of importance were as follows: | ath and related causes ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | HOV 6 19.0 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | | July 5, 1927 | Peritonitis | 3 days ago | |
| i i | BUREAU V. S. | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10605 |
|---|---|
| 1. PLACE OF DEATH | (240) |
| County allegany WITHIN CORPO | PRATE LIMITS Registration Dist. No. 4 |
| Village or City Cumberland (If | No. Allegany For Satal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrsmos. | 14 ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME Charles D. Bosle | 1f U.S. Veteran specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. A Claud, M. C. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed or divorced | (month) (bay) (lear) |
| HUSBAND of Julia Bosley | 22. HEREBY CERTIFY, That attended deceased from 135, to Certify, 19.35 |
| 6. DATE OF BIRTH (month, dey, end year) | I last saw him_alive on October 14 , 1935; death is said |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, et 11:40 a.m. |
| 64 0 12 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8 Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Cenohase of Nivey. |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lodustry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11, Total time (years) | // |
| SAW MILL, BANK, etc. 11, Total time (years) | V |
| this occupation (month and year) this occupation (month and year) | 00-00-00-00-00-00-00-00-00-00-00-00-00- |
| 12. BIRTHPLACE (city or town) Oakland | Other Contributory Causes of importance: |
| (State or country) | Chronic aleahaliene |
| 13. NAME Leave Bayley | |
| 4 14. BIRTHPLACE (city octown) | Neme of operation |
| (State or country) | What test confirmed diagnosis? Was there an eutopsy? |
| 15. MAIDEN NAME Hallee Gedenger | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANTAO Charles Garage Ind | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Cakland, Marte Oct 16, 1935 | Neture of injury |
| 19. UNDERTAKER OMENIA Belglen | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FINED Ct. 15, 1995 Josephan Miran Blee M. Registrat. | (Signed) (Address) (Address) (Address) |
| If more blanks are needed, address State Registrar | 2411 N Charles Street Baltimore Requesting T) S No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage HOV 6 1935 | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V.S. | 1 | | | |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

Registrar. (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

state

1. PLACE OF DEAT

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | and I | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 6 1933 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| DINEAL V. S. | | | | |
| The second secon | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH | 11607 |
|--|---|---|
| 1. PLACE OF DEATH | LCORPORATE LIMITS | 10001 |
| County Cleany | Registration Dist. No. | 4 |
| Village or City Carpeberland | No. 327 Afairelle St., (If death occurred in a hospital or institution, live its NAME instead of street | 6-3 Ward |
| Length of rasidence in city or town where death occurredyrsm | | |
| 2. FULL NAME Amelle R Brown | If U.S. Veteran specify WAR | |
| (a) Residence No. / 327 Talayette | St.6 3 Ward. | |
| (Usual piace of abode) | If nonresident give city or town | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEAT | H |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word) | 21. DATE OF DEATH Control (Month) (Day) | 193.5.T. (Year) |
| 5a. If married, widowad, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I atten | aded deceased from |
| (or) WIFE of | October 6, 19,75- to Octobe | |
| 6. DATE OF BIRTH (month, day, and year) Feb-12 - 1935 | Hast saw hel alive on October 19. | |
| 7. AGE Years Months 2.5 Days / If LESS than | to have occurred on the date stated above, at4m. | |
| 7 2 4 1 day,hr | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and | le our laws | - Low |
| 9. fndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc | | |
| O 10. Date deceased last worked at this occupation (month and spart) this occupation (month and year) occupation occupation | | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance; | |
| (State or country) | - Bastroente itis | Zweek |
| 13. NAMESTELLE C 320000 | | |
| 14. BIRTHPLACE (city or town) | Nama of operation Date | of |
| (State of country) | What test confirmed diagnosis? Was there | an autopsy? |
| E 15. MAIDEN MARCURA Gollacle | 23. If death was due to external causes (VIOLENCE) fill in also the following | owing: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicida? Date of injury | , 19 |
| P P Boom | Where did injury occur? | State) |
| 17. INFORMANT | Specify whether injuly occurred in incostar, in nome, or in Public | G FEAGE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | *************************************** |
| Place J. Willey W Date CCT 8 ,193 | Nature of Injury | |
| 19. UNDERTAKER & College A. C. Programmer & C. | 24. Was diseasa or injury in any way related to occupation of deceased If so, specify | 1 Ho |
| 20. FLEDet 7, 1935 Jas Franklin M. Registrat. | (Signed) William R Foa | sel M.D. |
| - | ar. 2411 N. Charles Street. Baltimore. Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | | |
|---|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronic interstitial nephritis MOV 6 1900 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| SUREMUSY. S. | | | | |
| From the state of | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

ż

| | County | P DEAT | Allegan | y W | MYHI | N COFF |
|------------|--|-------------------------------|--------------------|------------|------------|--------------------------------------|
| | Village or | City Ci | ımberla | nd. | Md | |
| | Length of re | sidence in cit | y or town where | death occu | rred | yrs, |
| 2 | 2. FULL NA | ME | Robert | | | 1. |
| | (a) Reside | nce: No | Cumber | | | of abode) |
| | | | D STATIST | ICAL F | PARTI | CULARS |
| | Male | | or race | 5. SING | LE, MARI | RIED, WIDOW O (write the wo |
| | If married, wido HUSBAND of (or) WIFE of | | | • • • • | | |
| | DATE OF BIRTH AGE Ye | (month, day | , and yeer) (| | ays 9 | 1 day,mi |
| OCCUPATION | SAW M | as done, as S ILL, BANK, e | ILK MILL, | 1 | sper | ime (years) nt in this upation |
| 12. | BIRTHPLACE (o | | | | 1 | Id |
| ER | 13. NAME | Edi | nin.Bro | | | |
| FATHER | | E (city or to | wn) | M | d | |
| MOTHER | 15. MAIDEN N | | Madelin | | 187 - | sberry va |
| MO | | E (city or to or country) | wn) | | | V C4 |
| 17. | . INFDRMANT (Address) | | min. Br Cumberl | | Mđ | |
| 18. | . BURIAL, CREMA | | emoval EWva | Dete | Oct. | .29.19 |
| 19 | . UNDERTAKER _ (Address) | J | ohn.C.W | olfo | rd • Mo | 1 |
| 20. | Rubet | 28 | 30 Ja | R | Fra | uplu |

| STATE C | OF MAR | YLAND- | -CERTIFICATE OF DEATH | | |
|---|--|--------------------------------------|--|--|--|
| DEATH Allegan | 1000193-41 | N CORPORA | 10000 | | |
| | | | Registration Dist. No. | | |
| Cumberla | nd. Md | | No. 1216. Lafayette Ave St. — Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| / | | (If | If death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| ence in city or town where | death occurred | yrs,mos. | osds. How long In U.S. if of foreign birth?yrsmosds. | | |
| | .E.Brown | n. | If U.S. Veteran specify WAR | | |
| : No. Cumber | land Md | (1 1 1) | St., Ward. If nonresident give city or town and State | | |
| | (Usual place | | | | |
| L AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | |
| 4. COLOR OR RACE White | 5. SINGLE, MAR OR DIVORCE SINGLE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH October (Month) (Dat) (ear) | | |
| i, or divorced | • • • • | | 22. HEREBY CERTIFY, That I attended deceased from October 26, 1925, to Details 27, 1930 | | |
| onth, day, and yeer) | ct.18th | .1934 | I last saw hangelive on October 26, 19.25; deeth is said | | |
| Months | Days 9 | If LESS than I day,hrs. | THE FRINCIPAL CAUSE OF DEATH and related causes of importance | | |
| ion, or particular rk done, as SPINNER, BOOKKEEPER, etc | | 7 | Bato Enterettion Date of one of | | |
| siness in which | | _ | | | |

Other Contributory Causes of Importance:

Where did injury occur?____

Manner of Injury

If so, specify.

Name of operation.....

Nature of injury_____

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or Injury in eny way related to occupation of deceased?_____

(Address) Cumberlines Mis.

What test confirmed diegnosis?_____ Wes there an autopsy?____

Accident, suicide, or homicide?_____ Date of Injury______ 19____

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 7000 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes, of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PROPERTY S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| Marie | | | |
| | | | |

| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor- | mation of be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
|---|--|--|--|
| N. B.—WRITE PLANKY, W | mation should be carefu | CAUSE OF DEATH in | TION is very importan |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | <u>a</u> 6009 |
| County Clasgry - Arona | Registration Dist. No. |
| Village or City. A solution of | No Rulers Frakesal War |
| | If death occurred in a horpital or institution, give its NAME/instead of street and number) sds, How long in U.S. if of foreign birth?vrsmosds |
| 19011 | sds, How long in U.S. if of foreign birth? |
| 2. FULL NAME | - XIIIVOVOVO-) |
| (a) Residence: No. (Usual place of abode) | St. / Ward. If nonresident give city or lown and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced | (month) (bay) (Tear) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decaased fro |
| DATE OF BIRTH (month, day, end year) 10-23-35 | |
| DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than | I lest saw h; death is sa to have occurred on the date stated above, atm, |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trede, profession, or particular | wero as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| 9. Industry or business in which work was done, as SILK MILL, | C+ 00 |
| SAW MILL, BANK, etc. | - Still form " |
| 10. Date deceased last worked at this occupation (month and year) | , |
| + 4 and I was the | Other Contributory Causes of Importance: |
| 2. BIRTHPLACE (city or town) (State or country) | · |
| 1 | |
| 13011 100 | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| 15. MAIDEN NAME TAROLAS SUSSAI | What test confirmed diegnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following; |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town). B. C. State or country) | Accident, suicide, or homicide? Date of Injury 19 |
| (State or country) | Where did injury occur? |
| 7. INFORMANT Freda Bull (Address) Balls had | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| PlaceDate, 19 | - Nature of injury |
| 9. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 10/23, 1935 CiR. Halhu Registrar. | (Signed) M. (Address) M. |
| If more blanks are needed, address State Registrar, | , 2411 N. Charles Street, Balismore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | 11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|-----------|------------|----|-----------|
|------------|----------|-----------|------------|----|-----------|

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH | 6610 |
|---|---|-----------------|
| 1. PLACE OF DESTA | 93-0 | , |
| County (Megan | Registration Dist. No. 4 | _ |
| Village or City | No. Lak Valo St. | Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and r | umber) |
| The and | ds. How long In U.S. if of foreign birth? | osds. |
| 2. FULL NAME HAMM OVNINUM | Tringe It U.S. Veteran apecify WAR. AVAL WWW | V |
| (a) Residence: No. // (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | Diate |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, | 21. DATE OF DEATH | |
| male white named word | (Month) (Day) | , 193.5 |
| Sa. If married, widowed or diverged HUSBAND of COMP | | (1601) |
| (or) WIFE of County Carly 1919 COMP | Sept 26 19 to Oct 22 | deceased from |
| 5. DATE OF BIRTH (month, day, and year) May 14 1843 | Hast saw here alive on Det 2 2 19 38 | ; death is sale |
| . AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1230 Pm. | |
| 92 5 8 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Signal Fareman | - pl | |
| SAWYER, BDDKKEEPER, etc | Chronic myscardetis and | 1932 |
| 9. Industry or business in which work was done, as SILK MILL, 13 + 0 TPTR | my o cardial degeneration | |
| 18 Date deceased last worked at | | |
| this occupation (month and 14/2 spant in this 40 % | 2 | |
| 12. BIRTHPLACE (city or town) Bushala Mills | Diher Coutributory Causes of Importance: | 430 |
| (State or country) | arterioscleroses | 1931 |
| 13. NAME ACOMP 14. BIRTHPLACE (city or town) Buffals mulls | | |
| 14. BIRTHPLACE (city or town). Butaly miles | Name of operation Date of | 1 |
| (State of country) | What test confirmed diagnosis? Was there an a | utopsy? |
| 15. MAIDEN NAME (1/2) Aboth Sturb 16. BIRTHPLACE (city or town) Dufful Malls | 23. If death was due to external causes (VIOLENCE) fill in also the following | : |
| 16. BIRTHPLACE (city or town) Dufful mills | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | Where did injury occur? | |
| 7. INFORMANT MA H Compa | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | ACE. |
| 8. BURIAL CREMATION, OR REMDVAL | Manner of injury | |
| Place Pose Hell Clin Date Vet 24, 1935 | Nature of injury | |
| 9. UNDERTAKER 9. S. Butly | 24. Was disease or injury in any way related to occupation of deceased? | |
| (Address) Combelland ma | If so, specify a Wi Trevaskis | |
| 20. FILED Ct 2 4, 185 Jast Branklin M. Registrar. | (Address) Cimberland, me | d, M. [|
| If more blanks are needed, address State Registral | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | |
|-------------|--|---|
| | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| CORRECTION | of error | in spelling | of surname | made 11/8/35 | by letter |
|------------|----------|-------------|------------|--------------|--------------|
| | | | | | s,Balto.MdL. |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 10011 |
| County Allegary WITHIN CORP | ORATE LIMITS Registration, Dist. No. 4 |
| Village or City Con Austral | No. allegany Hort to 4 Ward |
| | death occurred in a horpital institution, receits NAME instand of street and number) ds. How long in U.S. if of foreign birth? |
| 0 , 1 / , 1 | How long in U.S. if of foreign birth?yrs,mosds. |
| 2. FULL NAME Inguind Colors | If U.S. Yeteran specify WAR. |
| (a) Residence: Np. / 13 4 Sheep (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH / / |
| OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 1.10 0.2 160 | Jept 2 , 1932 , to Olef . 6 , 1922 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than | I last saw h. 1771 alive on CCT |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trede, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done as SIIK MILI | Hemorrhage from Chubilicus 10-4-35 |
| 9. Industry or business in which work was done, as SILK MILL, | The second of th |
| SAW MILL, BANK, etc | |
| O 10. Date deceased last worked at this occupation (month and spant in this occupation occupation | |
| your) | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) (State of country) | Congenital Handite Sendency 9-23-35 |
| E 13. NAME mestra Corte. | Memorrhagic (a.7.7) |
| E B. WILL PROVINCE | 3 11 11 11 |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Transfer on Date of Oct 7,1935 |
| | What test confirmed diagnosis? Character Was there an autopsy? La |
| ± () | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| mester land. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, |
| 17. INFORMANT (Address) (Address) | Specify whether might become in the service in the |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Stillers & Cegui Date Cell D., 1935 | Nature of injury |
| 19. UNDERTAKER Trans Stern 200. | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) lambeled. | If so, specify Aff |
| 20. FILED Col 7 1935 Jase Franklin MA | (Signed) Asthur 1 touts M. D. |
| Registrar. | (Address) to h. Libraty A. |
| If more blanks are needed, address State Registrar, | 24.21 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

BINDING

RESERVED

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9.—The industry or business in which the work was done.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RFCFIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 7 1935 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYSICIAN |
|----------------------------|----------------------------|
|----------------------------|----------------------------|

| 1. PLACE OF DEATH County allogans | Registration Dist. No. |
|--|--|
| Village or City Constant Sand | ND. 511 Federick St., & Ward |
| Length of residence in city or lown where death occurred | (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Clinatito C. Cray | If U.S. Veteran specify WAR |
| (a) Residence: No. 511 Predesicalia (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) | |
| a. If married, widowed, or divorced | |
| HUSBAND of (or) WIFE of Crave | 1 HEREBY CERTIFY. That I attended deceased from |
| | i last saw h alive on 19 death is said to have occurred on the date stated above, at 5 / 15 d. m. |
| AGE Years Months Days If LESS that I day,min. | |
| 8 Trade profession or particular | Ceretra Haemorrhage Fight 10/12/16 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 8 / |
| 10. Date deceased last worked at this occupation (month and spent in this | |
| year) occupation | Dther Contributory Causes of importance: |
| (State or country) | The person |
| 13. NAME How Engle | |
| 13. NAME The Cugls 14. BIRTHPLACE (city or town) | Name of operetion Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Clypalite Cellrege | 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Classific College 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT This Face & Melele | Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Kambaland M. 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| T (DDG TA) | Nature of injury |
| 19. UNDERTAKER Louis Steps due | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILE ST 31, 1935 Jan & Thanklin M. | If so, specify (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) |
| Registrat | trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Santai V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state JRD. Every item of infor--WRITE PLAINLY, WITH UNFADING MAN AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. FREEDRING Should state B.—WRITE PLAIMLY, WITH UNFADING INK.—THIS IS A PERMANENT RE TION is very important. See instructions on back of certificate. ż

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10019 | |
|--|--|-------|
| 1. PLACE OF DEATH | | |
| County Allermany WITHIN | CORPORATE LIMITS Registration Dist. No. 4 | |
| Village or City | No. Jema auc St. 6-3W | ard |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U,S, if of foreign birth?yrsmos | _ds. |
| 2. FULL NAME TULLS ASM COLOR | If U.S. Veteran specify WAR | |
| (a) Residence: No. | St., 6 - 2 Ward. | |
| (Usual place of abode) | If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | /- |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rwrite the World) | 21. DATE OF DEATH | 5 |
| · Whele Single | (Month) (vay) (Year) |) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. LIEBEBY CERTIFY, That I attended deceased if | from |
| (or) WIFE of | (a) oct 4 1935 to Oct 4 193 | 35 |
| 6. DATE OF BIRTH (month, day, and year) Off 9 1935 | I last saw h elive on, 19; deeth is | said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. | |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular | were as follows: | neet |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | Millebran | |
| 9. Industry or business in which | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | | |
| | | |
| year) occupation | Dther Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) | pingi states of mipsi and s | |
| (State or country) | | |
| 13. NAME 14. BIRTHPLACE (city or town) Character country 14. BIRTHPLACE (city or town) | | |
| 14, BIRTHPLACE (city or town) | Name of operation Date of | |
| (Stete or country) | What test confirmed diagnosis? Was there an autopsy? | |
| 15. MAIDEN NAME Dealrus & Mucis | 23. If death was due to external causes (VIDLENCE) fill In also the following: | |
| 15. MAIDEN NAME Dealras Mucio 16. BIRTHPLACE (city or town) Matthewayers | Accident, suicide, or homicide? Date of Injury19 | |
| State or country) | Where did injury occur? | |
| Can Pense | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. | |
| 17. INFDRMANT (Address) | | |
| 18. BUMAL CREMATION OF REMOVAL | Manner of injury | |
| Place Person a live Dete 10 - 9-, 1935 | Nature of injury | |
| Carl Charles | 24. Was disease or injury in any way related to occupation of deceased? | |
| 19. UNDERTAKER (Address) | If so, specify | |
| 01-06-103 | M (Signed) N. W Crevastes | M. D. |
| 20. FILED Co., 19.3. Registrar. | (Address) Curberland md | |
| 1 | | - |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

TION is very important. See instructions on back of certificate.

of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10614 |
|--|--|
| County allegany | Registration Dist. No. 12 |
| | No. St., Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurred 50 yrs | ds. How long in U.S. If of foreign birth?yrsmoede |
| 2. FULL NAME michael Joseph Cre | elgan |
| (a) Residence: No. Owlard (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Oct. 6th (1935—(Month) (Day) (Year) |
| 5a. If married, widewed, or diverced HUSBAND of (OT) WHE of Alizabeth Staken 6. DATE OF BIRTH (month, day, and year) | 22. I HEREBY CERTIFY. That I attended deceased from 1929, to 2000 6 7 1935 |
| 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, et 9.5.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onse 2/1/2.9 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) — 14. 19. 19. | |
| 12. BIRTHPLACE (city or town) Broadles - Pennsylvania (Stata or country) | Other Contributory Causes of Importance: Coronary Harombesia 10/4/33 |
| 13. NAME (Patrick Creegae 14. BIRTHPLACE (city or town). (State or country) | Name of operation Date of What test confirmed diegnosis? Was there en autopsy? |
| 15. MAIDEN NAME Alizabeth Douls 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Patricia Creegau (Address) Midland Mb | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place St. michaele Date Oct 9 1935 | Manner of injury |
| 19. UNDERTAKER J. R. Suret (Address) Tracitry - md - (Address) R 1 Stabe | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. M. M. M. M. M. |
| 20. FILED Q at 9 , 19 3 5 Registrar. | (Address) Michaels Maryland |

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| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Dete of onset | The principal cause of death and related causes of importance were as follows: | Dete of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritist | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| | 4. te | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---------|---|---|--|
| 1 | ould state | 1. PLACE OF DEATH | 10616 |
| AI) | occ occ | County Alleguny | Registration Dist. No. 6 |
| | shore of O | Village or City Western port | No. Waver/4 St. Extended St., War death occurred in a horsital or institution, give its NAME instead of street and number) |
| 1 | | Length of residence In city or town where death occurred 5 yrs 6 mos. | death occurred in a notificial or institution, give its IVAIVIE instead of street and number) |
| 1 | D. Every SICIANS tatement | 2. FULL NAME No Name Dayson | If U.S. Veteran specify WARQ |
| 7 | D. Essic | (a) Residence: No. Waverly St. Extended | St., Ward. |
| 1 | N 7 N | (Usualpiace of abode) | If nonresident give city or town and State |
| | REC. PH. | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| rk | EX. | Female White OR DIVORCED (write the word) | Oct. 24 ,1935 (Year) |
| BINDING | (ANE) ACT assified | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. 1 HEREBY CERTIFY, That I attended deceased fro |
| Z | EXE. | 6. DATE OF BIRTH (month, day, and year) Oct. 23, 1935 | OCT 23 , 1935, to OCT 24 , 1935 I last saw h. C. alive on OCT 93 , 1935 ; death is sa |
| 8 | PE II | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than | I last saw h. S alive on |
| OR | IS A PE stated E properly certificate. | 0 0 1 day, 10hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| F | | 2 Trade profession or particular | were as follows: Oate of onse |
| VED | HIS be | O Kind of work done, as SPINNER, NOME SAWYER, BOOKKEEPER, etc. 9 Industry or business in which | Premoture Delivery - |
| RV | should it may n back | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 4'/2 Months |
| RESER | Sh sh | 0 10. Date deceased last worked at this occupation (month and spent in this | , |
| RE | VG I VGE that ons o | year) occupation | Other Coutributory Causes of Importance: |
| Z | DIN So so | 12. BIRTHPLACE (city or town) Western port, Md. (State or country) | |
| RG | UNFA supplied n terms, ee instri | I 13. NAME Junes Dauson | |
| IA | D to a | 13. NAME Junes Dawson 14. BIRTHPLACE (city or town) Unknown | Name of operation. Noul Date of |
| | TTH IIy olain | (State or country) | What test confirmed diagnosis? Was there an autopsy?_4 |
| | be carefully EATH in pla | 15. MAIDEN NAME Elsie Amealia Dunson 16. BIRTHPLACE (city or town) Westernport, Md. | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| | | [State or country] 16. BIRTHPLACE (city or town) Western port, Md. | Accident, suicide, or homicide? |
| | ALALY, d-be ca DEATH y import | 5/2' / 1. / | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 9 | Should be OF DEA | (Address) Westernport. Md | |
| | E | 18. BURIAL, CREMATION, OR REMOVAL Place Structe Lem Oate Dee 24 19 35 | Manner of injury |
| | | Place Thewale Lem Oate Cer - 24 , 19 35 | Nature of injury |
| - | mation CAUS TION | 19. UNOERTAKER M. Dawen (Address) Bester 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | 24. Was disease or injury in any way related to occupation of deceased? |
| S. No. | B | The Death | (Signed) Paul Philon M. |
| 5 | z / T | 20. FILEO Cel. 24, 19 30 approbaber M.C. | Man Dioducat W. Vd |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | INFEFFIVED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neg | phritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 100, 5 700 | July 5, 1927 | Peritonitis | 3 days ago | |
| | RUREAU V 8 | į | | | |
| Other contributory | causes of importance; | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| * | | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|----------------|------------|----|-----------|
|----------------------|----------------|------------|----|-----------|

| 1. PLACE OF DEATH | OF MAR | YLAND— | CERTIFICATE OF DEATH | 0 |
|--|--------------------|-------------------------------------|--|------------------------|
| County Allegany | | | Registration Dist. No | 8 |
| Village or City Lonaco | | | ND. f death occurred in a hospital or institution, give its NAME instead of str | |
| Pur | 200 10 | | sds. How long in U. Ş. if of foreign birth?yrs | mosds |
| 2. FULL NAME STALL | Meser NJ | mark | O. WJ | |
| (a) Residence: No. | (Usual place | of abode) | St., Ward. If nonresident give city or to | own and State |
| PERSONAL AND STATIS | TICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEA | ATH |
| 3. SEX 4. COLOR OR RACE | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | , 193 5 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY, That I a | attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) (0 | or 7 1/19 36 | , | I last saw h aliva on | |
| 7. AGE Years Months | Days | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importar were as follows: | |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, atc | II. Total | time (years) nt in this — upation | Other Contributory Causes of Importance: | |
| 13. NAME Valk Des | ms. | | Nama of operation D What test confirmed diagnosls? Was th | Pata of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | | | 23. If death was due to external causes (VIDLENCE) fill in also that Accidant, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUI | following: |
| 18. BURIAL, CREMATION, OR REMOVAL Place Coll / htt | Date Oct | . 8 ,135 | Manner of injury | |
| 19. UNDERTAKER John June 20. FILED act. 8, 1935 () | Mis - r. E. Don | Pay Roman | 24. Was disease or injury in any way related to occupation of deceal if se, specify (Signed) | ised?M. L |

N. B.-WRITE PLA mation should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| | Example I | - 1 | Example II | |
|---|--------------------------------------|---------------|--|---------------|
| The principal cause of importance were as | of death and related causes sollows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 11 101 7 1605 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neph | ritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BURFAU V S | July 5, 1927 | Peritonitis | 3 days ago |
| | | be a | | |
| Other contributory ca | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1 因

should state

item of infor-

| 1. PL | S ACE OF DEA | TATE O | | | CERTIFICATE | OF DE | EATI | H | 0618 |
|---|--|---|---------------------------|-----------------------------------|--|------------------|--------------|----------------------|-----------------|
| Co | unty | Alleg Cumberla | gany | HIN CORP | No. 5 S. Mech | | St | St., < | |
| | ngth of residence in c | ity or town where de | ant. | mos Dennisor | ds. How long in U.S. if of | foreign birth? | ? | yrs | mosds. |
| (a) |) Residence: No | 505. | Mechani (Usual place o | | St., O Ward. | 16 | 1 | city or town an | 1.0. |
| PI | ERSONAL AN | D STATISTIC | | | MEDICAL CI | | | | d State |
| 3. SEX | | | 5. SINGLE, MARR | | 21. DATE OF DEATH | Oct | 4 | 1935 | ., 193 |
| HUSE | ried, widowed, or divi BAND of WIFE of | orced | | | 22. O SPEREBY | (Month) | IFY | (Day) That Lattender | (Year) |
| 6 DATE O | OF BIRTH (month, da | v and veer) | et 4 1 | .935 | I last saw h alive on | S. C. | 4 | _ 130 | S death is said |
| 7. AGE | Yeers | Months | Days | If LESS than | to have occurred on the date state | d above, et | 300 | .m. | |
| | 0 | 0 | 0 | 1 day hrs. | The PRINCIPAL CAUSE OF DEAT were as follows: | H and releted | causes of | importance | Date of enset |
| CUPATION II.6 | rade, profession, or p kind of work done, SAWYER, BOOKKE! dustry or business in work wes done, as SAW MILL, BANK, ate deceased last wo this occupation (mo year) | as SPINNER, EPER, etc n which SILK MILL, etc rked at onth and | 11. Total tir | me (years) t In this pation | Other Contributory Causes of impo | te | -n lh |) | |
| | IPLACE (city or town) tate or country) | | Md | | - Cites Conditional Control | | | | |
| ₩ 13. N/ | AME Wil | liam. De | ennison. | | | ********** | | | |
| 13. N/ | RTHPLACE (city or to (State or country) | own) | | Md | Name of operation | ller | سا | Date of Was there en | autopsy? 1 |
| 15. MAIOEN NAME Pauline Kines 16. BIRTHPLACE (city or town) (State or country) William. Dennison 17. INFORMANT (Address) Cumberland. Md | | | | | 23. If death was due to externed au Accident, suicide, or homicide? Where did injury occur? | Ses (VIOL ENC | E) fill in a | of Injury | ng: , 19 |
| 18. BURIA | L, CREMATION, OR Bier | | Date Oct | 6 1,935 | Manner of Injury | | | | |
| 19. UNDER | RTAKER J | ohn.C.Wo | | | 24. Was disease or injury In any w | ay related to or | ccupation | of deceased? | no |
| 20, FICED | et 5 | 1930 0 | Stro | ruklu M | (Signed) | 7 | 2 | ul | e M. D |

Registrar.

(Address) ________

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PRIDEAU V. BU | į. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 111 |

17. INFORMANT ...

19. UNOERTAKER

LION

V. S. No. 1

(Address)

(Addrass)

18. BURIAL, CREMATION, OR REMOVAL

Cumberland . Md

Place Rose Hill Data Nov. 2.1975

John.C.Wolford

Cumberland.

should state of infor-

OCCUPA-

statement

| 1 | County Allegany | WIT | HIN CORP | Registration Dist. No. | 4 | |
|------------|--|---------------|--------------------------------|--|---------------|--|
| | Village or City Cumberland . | Md | | No. 613 Maryland Ave St., death occurred in a hospital or institution, give its NAME instead of street and str | | |
| | . FULL NAME William | . Dent | inger | If U.S. Veteran specify WAR | · | |
| | (a) Residence: No. 639 | | and a | St., 5 Ward. If nonresident give city or town and | | |
| | PERSONAL AND STATISTICA | LPARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. | | | IED, WIDOWED, | 21. DATE OF DEATH ct. 30.1935 | , 193 | |
| _ | If married, widowad, or divorced HUSBAND of Hazel. Dent (or) WIFE of Hazel. Dent | | 5 | 22. I HEREBY CERTIFY That I attended daceased Cet. 7 9 1935, to Oct. 30 1935; death is | | |
| | AGE Years Months 50 . 9 | Days 23 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated abova, at 8 Pm m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | |
| OCCUPATION | 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc | 11. Total tin | ne (yaars) | Uremia | Oct. 21,1 | |
| 12 | this occupation (month and year) BIRTHPLACE (city or town) (State or country) | a. | tin this pation | Other Contributory Causes of Importance: Acutz Alcakolizm | 9-20- | |
| FATHER | 13. NAME Geo.B. Dentinge 14. BIRTHPLACE (city or town)(State or country) | r Pa | | Name of operation | Shared and | |
| MOTHER | 15. MAIOEN NAME Salley . Roo 16. BIRTHPLACE (city or town) | Pa | | 23. If daath wes due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? | : , 19 | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

24. Wes disease or injury in any way ralated to occupation of decaased?.. If so, specify (Address) 4 a la . D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Jr.

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Land Control of the C | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

| 1. PLACE OF DEATH | (131) |
|---|--|
| County Office agency | Registration Dist. No. |
| Village or City A A Land Land | NoStWa |
| / //s | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 7 / 10 | |
| 2. FULL NAME Dabelly Christ | If U.S. Veteran specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Ternele What OR DIVORCED (write the word) | (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased fr Nov 1-33, 19, to Oct. 23, 19 |
| (1) A. M. W 161 | I last saw h 21 alive on 24 23 19 3 death is s |
| 5. DATE OF BIRTH (month day, end year) 7. AGE Years Months Days I If LESS than | to have occurred on the date stated above, at |
| 7 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | distant- |
| 9. Industry or business in which | 2. 7 emil Crockiel |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Rolling |
| 10. Date deceased last worked et this occupation (month end year) | |
| year) de | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) / Lillen berg / (State or country) | |
| | |
| | |
| (State or country) | Name of operation |
| | What test confirmed diegnosis? Was there an autopsy? |
| 2/- 11 | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) | Where did injury occur? |
| 0 11.001.1 | (Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 17. INFORMANT (Address) | - Specify whether injury occurred in Interest in Inter |
| 18. BURIAL, OREMATION, OR REMOVAL | Manner of injury |
| Place The self-seg Date State 2. , 1935 | Nature of injury |
| TO HADERTAKED & & STORE BE | 24. Was disease or injury in eny way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify |
| 20 FILED /25 19 35 Q. R. Walkin | (Signed) W. alfold Von Oune, M |
| 20. FILED 19 Registrar. | (Address) H rolling me |

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10622 |
|--|--|
| 1. PLACE OF DEATH | (210-m) |
| County Allegany City | Limits Registration Dist. No. |
| Village or City Cumberland. Md Rout 2 | No. 27 Miles East of Cumbestland Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city of town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Edward Aschrou | If U.S. Veteran specify WAR. |
| (a) Residence: No. Checago (Visyal place of abode) | St., Ward. Sleen St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OF DIVORCED (write the word) | 21. DATE OF DEATH October 12th, 1935 (Month) (Day) (Year) |
| 5a. If married, widowad, or diverged HUSBAND of (or) WIFE of Keene Heelkow | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 25 1905 | Hast saw hure aliva on October 12th 1935; death is said |
| 7. AGE Years Months Deys If LESS than | to heve occurred on the date stated above, at 1/2 m. |
| 30 8 17 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importance |
| 8 Trade profession or perticular | were as follows: Killed in an accident Date of onset |
| 99 Industry or business in which work was done, as SILK Mile SAW MILL, BANK, etc. Mile SAW MILL, BANK, etc. | a teep grade leaving the road |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and yaar) yaar) 11. Total time (years) spant in this occupation | and relining into emberhand |
| 00: | Other Contributory Canses of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | noue |
| II 13. NAME Michael Hedrow | |
| 13. NAME Michael Hedrow 14. BIRTHPLACE (city or town) Pages | Name of operation |
| (State or country) | What test confirmed diagnosis? 22 Was there an autopsy? 20 |
| 15. MAIDEN NAME Mary Tangawates 16. BIRTHPLACE (city or town) | 23. If deeth was due to external causes (VIOLENCE) fill in elso tha following: |
| 16. BIRTHPLACE (city or town) (Stete or comply) | Accident, suicide, or homicide? Accident Date of Injury Oct 12, 1935 Where did injury occur? allegan County Mayland, 19 |
| (Siere of Grands) | (Specify city or town county and State) |
| 17. INFORMANT Church Churcago, Oll | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVALOR | Manner of injury accident - |
| Place hecago Il Data 10-14-, 1935 | Natura of injury Troctural shell - Interal inqueis |
| 19. UNDERTAKER Jakes C. Craffer of ma | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FOLED Ct. 12, 193 3 Land Markhan M. Registrar. | (Signed) Il aulin any land M. D. (Address) Ombolud Mongling |
| If more blanks are needed address State Registrary | TARE N. Charles Street Relaimons Parastrus (1) S. No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

for which my

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 1.0 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Perilonitis 1 | 3 days ago |
| | 1 0 | F. (1) | |
| | 12 | 0 % | |
| Other contributory causes of importance: | 124 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

B.—WRITE PLA

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V. S. No. 1

| ndike ni 27 | CERTIFICATE OF REATH 40000 |
|---|--|
| STATE OF MARYLAND— | |
| 101 | 216-m |
| County Ulligary. | Registration Dist. No. |
| Village or City Since Conte | No. St., Ward death occurred in a horpital or institution, give its NAME install of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds, |
| 2. FULL NAME alston Flanaga | If U.S. Veteran specify WAR / Warld War |
| (a) Residence: No. (Usual place of abode) | St., Ward. Ward. If nonresident give city of town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH (Month) (Oay) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 0 | , 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) | i last saw h; death is said |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 3/ 10 ormin. | were as igliows: |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. | reserved Physica |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and | Tracticed Gage |
| SAW MILL, BANK, etc | |
| O 10: Oate deceased last worked at this occupation (month and year) year) | |
| 9 11 1- | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of codults) | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIOEN NAME Mahalah Oreland 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide Bate of injury 0 12, 1935. |
| (State or country) | (Specify city or town, county and Space) |
| 17. INFORMANT Through the Language (Address) | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OB REMOVAL | Manner of injury at the land has a set |
| Plece Randings Usin Date Cat 14,193 5 | Nature of injury & southered Skaged |
| 19. UNOERTAKER Trio Stern Inc. | 24. Was disease or injury in any wey related to occupation of deceased? |
| (Address), | If so, specify |
| 20 FUED /// 10 31 - M//// MANAGENT | (Signed) get fouly con to any |

(Address) Climb 2nd

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had petired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage 5 1939 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH 10624 | | |
|-------|---|--|------|--|
| / | 1. PLACE OF DEATH | <u>———— 93-c</u>) | | |
| | County allegance WITHIN CORF | ORATE LIMITS Registration Dist. No. | | |
| | Village or City Cerubaland | No. 121 (Close sib - 25) | 1 | |
| | (If | death occurred in a hospital or institution, give its NAME instead of street and number) | aı | |
| | Length of residence In city or town where death occurredyrs, mos | ds. How long in U.S. If of foreign birth?yrsmos | _d | |
| | 2. FULL NAME (Crusua). The | ora, | | |
| | (a) Residence: No. 121 Elder | St. 6 - Ward. | | |
| - | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State | | |
| 3. | SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | 7 | |
| | The Devorced (write the word) | a. DATE OF DEATH OF 1925 | , | |
| 5a | If married, widowed, or divorced | (Month) (Day) (Year) | , | |
| | HUSBAND of | 22. HEREBY CERTIFY, The Latter de deceased | roi | |
| - | (or) MIRE OF / Jeorge Hora | Jan 1 3 133 10 04 27 190 | 12 | |
| 6. | DATE OF BIRTH (month, dey, and year) Segv 15 1868 | last saw h A alive on death is: | sai | |
| 7. | AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. | | |
| | 72 14 Iday,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | | |
| Z | 8. Trade, profession, or particular kind of work done, as SPINNER, | Date of on | 5.01 | |
| ATION | SAWYER, BOOKKEEPER, etc. | Chrone at | ZX. | |
| UPA | 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | Muy Occurlety 19 | 3- | |
| OCCUP | 10. Date deceased last worked at II. Total time (yeers) | | | |
| 0 | this occupation (month and spent in this year) occupation | | | |
| 12 | BIRTHPLACE (city or town) | Other Contributory Causes of importance: | | |
| | (State or country) | | | |
| ER | 13. NAME Somar Gertles | | | |
| TH | 14. BIRTHPLACE (city or town) | Name of a continu | | |
| FAT | (State or country) | Name of operation Date of Was there an autons 200 | 7 | |
| HER | 15. MAIDEN NAME Charles Confe Standle | The state of the s | V | |
| ОТН | 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | | |
| M | (State or country) | Accident, suicide, or homicide? | | |
| 17 | INFORMANT Holes W. FP. | (Specify city or town county and State) | | |
| 17. | (Addiess) | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | | |
| 18. | BURIAL, OKEMATION, OR REMOVAL | Manner of Injury 74) | | |
| | Place Trul Jeen Date Nov. 1, 1955 | Neture of injury | | |
| 10 | UNDERTAKER Lovies Allen Luc. | 24 1/4 1/4 | | |
| 13. | (Address) Curul Falued 900 | If so, specify | | |
| 20 | Filed 31 1935 and Frankly m | O(Signed) / 10 23 Civero | | |
| 20. | Files Cl 3/ 1923 And Mankley M. Registrar. | (Address) / 3 3) la au | | |
| | If more blanks are needed, address State Registrar, 2 | 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | _ | |
| | | | | |

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| Example I | | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioscierosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| RITERITY. S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| The principal cause of death and related causes f importance were as follows: | | The principal cause of death and related causes of importance were as follows: | uses Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage NOV 6 1935 | July 5, 1927 | Peritonitis | 3 days ago |
| 1 V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|---|
| Rupture of internal jugular view superinduced by vorniting. Cholecustities, the cause of the vorniting, |
| Pressure on tracken: caused by blood from the hemorrhage due to rustine of internal |
| Ingular vein. Not due to cancer. |
| Very remisual case. neck swallent tight. Outopay verified diagnosis. |
| F Cul |
| |

V. S. No. 1 m ż of OCCUPA-

| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 00 |
|--|--|--|---------|
| 1. PLACE OF DEATH | ANTERIO 19 Sec | PURATE LIMITS (200) | 60 |
| County Allegany | AALI LIII OOLI | Registration Dist. Np. | |
| Village or City Cumberland. | Md | No. Allegany Hospital St., # f death occurred in a hospital or institution, give its NAME instead of street and number) | Ward |
| Length of residence in city or town where deeth | (1 | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Dobout Com | | sds. How long in U.S.If of foreign birth?yrsmos | ds. |
| 2. FULL NAME RODER GAT | new and | If U.S. Veteran specify WAR | ******* |
| (a) Residence: No. (Diniber | (Usual place of abode) | St., 6 - 2 Ward. If nonresident give city or town and State | M1.01 |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. S | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Oct. 20.1935 193 | |
| 5a. If married, widowed, or divorced | and the same of th | (Month) (Dey) (Ye | ear) |
| HUSBAND of (or) WIFE of | | 22. HEREBY CERTIFY, That I attended decease | d from |
| 35 | 2 1879 | Oct 20 ,1935, to Oct 20 ,19 | المال |
| 6. DATE OF BIRTH (month, day, and year) Mar 7. AGE Years Months | | I last saw have elive on Pot 20 17 45 pt 9/19/19 death | is said |
| 56 7 | Deys If LESS than 1 day,hrs. | to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance | |
| 9 Trade exclansion or particular | ormin. | were as follows: | olonset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, S1 SAWYER, BOOKKEEPER, etc. | nclair. | grachure skull. | |
| 9 Industry or business in which | efining Co | | |
| work wes done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| - La constraint (month and | 11. Total time (years) spent in this | | |
| year) | Pa. | Dther Contributory Causes of Importence: | |
| 12. BIRTHPLACE (city or town) (State or country) | 4 0 | | |
| |) | | |
| E I | Pa | | |
| 4 14. BIRTHPLACE (city or town) (State or country) | | Name of operation Date of Date of | |
| | eller | What test confirmed diagnosis? Segmon No. Was there an autopsy? | |
| To market trains | Pa | 23. If death was due to externel causes (VIDL ENCE) fill In also the following: | 4 |
| O 16. BIRTHPLACE (city or town) | 1 4 | Accident suicide or homicide? accendant Date of Injury Oct 2019 | 2. l |
| Hollis Garne | r | Where did injury occur? (Specify city or town, county and Stare). Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. | 1199 |
| 17. INFORMANT Cumberland. | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of injury automobile | |
| Plece Mt Union. Pa | oct.24.1935 | Nature of injury Fracture Skull, Fracture | to |
| 19. UNDERTAKER John . C . Wolf (Address) Eumbe | ord rland. Md | 24. Was disease or injury in any way related to occupition of deceased? | -0 |
| 20. FLEB CT 2.3 1830 /a C. | Frankl no | (Signed) I Bailey Hunter | M. D |
| a. N. 1925 | Registrar. | (Address) I le & Roberty St | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Blotan

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| Example I The principal cause of death and related causes pate of onset of importance were as follows: | | Example II | |
|---|-------------|--|---------------|
| | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis NOV 6 1000 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1 N. B.—I

| 1. PLACE OF DEATH | -CERTIFICATE OF DEATH 106 |
|---|---|
| County alle grus | 91-20 |
| Village pr City | Registration Dist. No. |
| Length of residence in city or town where deeth occurred wis me | St, St, St NAME instead of street and number) |
| 2. FULL NAME | osds. How long in U.S. if of foreign birth?yrsmos |
| and the same | If U.S. Veteran specify WAR. |
| (a) Residence: No. Mu dlugtham. (Osual place of abode) | St.,Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) | 21. DATE OF DEATH |
| a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Ye |
| (or) WIFE of | 1 HEREBY CERTIFY. Thet I attended deceesed |
| DATE OF BIRTH (month, day, and year) | , 19.30, to Och 3 m, 19 |
| . AGE Years Months Days If LESS than | I last saw if the aliva on Oct 3th, 1936; deeth |
| 69 8 2 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Trada, profession, or particular | Patra |
| SAWYER, BOOKKEEPER, etc Col Mining | Caremous of Faring 1/1/ |
| 9. Industry or business in which work was done, as SILK MILL, Co. al. Missey SAW MILL, BANK, etc. | |
| | |
| spent in this | |
| occupation | Dther Contributory Causes of importance: |
| BIRTHPLACE (city or town) (State or country) | |
| 13. NAME Pot | |
| they till | |
| 14. BIRTHPLACE (city or town) (State or country) | Neme of operation |
| 15. MAIDEN NAME 7/ | What test confirmed diagnosis? Was there an autopsy? |
| The Marie | 23. If death was due to external causes (VIDL ENCE) fill in also tha following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| Ja Con Control | Where did Injury occur? |
| (Address) P I D | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| BURIAL, CREMATION, OR REMOVAL | |
| Place Frageboney Date Ost 5, 192 | Menner of injury |
| () () () | Nature of injury |
| UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceesad? |
| 10/1 Andrew hat | If so, specify |
| FILED 1934 Out Tracker | (Signed) M. An exercise |
| Registrar. | (Address) Middle Mark |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | The same of the sa | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1004 @ 1005 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage SUPFAII V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (117) |
|--|--|
| County Ule a ann | Registration Dist. No. |
| 3 6 | No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Collaboration (Usual place of abode) | If U.S. Veteran specify WAR |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Whate Magnet | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from 19 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. GLANDER SAWYER, BOOKKEEPER, etc. | I last saw h |
| or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Other Centributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Security Date of injure and 1, 19 9 Where did injury occur? What was a like of (Specify city or town, county and State) |
| 17. INFORMANT CALL TO TRANSPORT (Address) 18. BURIAL, CREMATION, OR REMOVAL | Specify whether Injury occurred in INDUSTRY, in HOME, or PUBLIC PLACE. Manner of injury |
| 19. UNDERTAKER 9. 9. Alegar 19. (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 3 , 19SV Q R Halkin Registrar. | (Signed W Baulmay Fronce M. |

7. S. No. 1

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

AGE should be

mation should be carefully supplied.

-WRITE PLANLY,

N. B.

TARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement

Every item of infor-

of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | |
|--|--|---|
| The principal cause of death and related causes of importance were as follows: | | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| 2209212000 | | 1 ge |
| | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

TION is very important. See instructions on back of certificate.

| 1. PLACE OF DEATH | | 46-6 | 3 |
|--|--------------------------------------|---|---------|
| County allegan | | Registration Dist. No. | |
| Village or City Bassella | | NoSt.,_St., | Wai |
| Length of residence In city or town where dea | th occurredyrsmo | sds. How long In U.S.If of foreign birth?yrsmos | d |
| 2. FULL NAME Blis ale | The Gray | | |
| (a) Residence: No. Barrel | Swille mul (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE | or Divorced (write the word) | 21. DATE OF DEATH /0 50 193 | 5 |
| ia. If marriad, widowed, or divorcad | massua | (Month) (Day) | Year) |
| HUSBAND of | lward Gray | 22. I HEREBY CERTIFY, That I attended dacaas | ed fro |
| 5. DATE OF BIRTH (month, day, and year) | an 14 1842 | I last saw h 27 aliva on 10 ~ 30 ~ 195 J deat | h is sa |
| 7. AGE Yaars Months | Days If LESS than | to have occurred on the date statad abova, at 41.53 9m. | |
| 63 7 | 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows: | |
| 8. Trade, profassion, or particular | | Date | ofonse |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | munch | Cause of Stewarch | |
| 9. Industry or business in which | | | |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | | | |
| this occupation (month and | 11. Total time (years) spant in this | | |
| year) | occupation | Dther Cantributary Causes of Importance: | |
| 2. BIRTHPLACE (city or town) | | School Conditionally Charles of Importance. | |
| (Stata or country) md | | , | |
| 13. NAME Charles (14. BIRTHPLACE (city or town) | annar | | |
| 14. BIRTHPLACE (city or town) | tlund | Name of operation Date of | |
| (Stata or country) | | What test confirmed diagnosis? Was there an autopsy | 7 |
| 15. MAIDEN NAME Mass & | ragus | 23. If daath was due to axtarnat causes (VIOL ENCE) fill in also the following: | |
| 15. MAIDEN NAME May 1 16. BIRTHPLACE (city or town) | | Accidant, suicide, or homicida? Data of injury, 1 | 0 |
| (State or country) | 1 | Whare did injury occur? | J |
| man & | 1 ce lun - | (Specify city or town, county and State) | |
| 17. INFORMANT Mu to the Turk The Market Mark | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| | | Manner of Injury | |
| Place M & Cemeling | Date Ot 1 1986 | - Nature of injury | |
| 19. UNDERTANCE Desir Stein Tone | | 24. Was disaase or injury In any way related to occupation of deceased? | |
| (Address) & Land (20, FILED 10-31 195 D. L. | Halfe- | (Signed) | M. |
| | | (Address) Course | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | | |
|--|-------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage NOV 11 1935 | July 5,1927 | Perilonilis | 3 days ago | |
| BUREAU Y. S. | | | | |
| Other contributor courses of importance | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| item | sho | of (| |
|---|---|--|--|
| Every | IANS | ment | |
| RD. 1 | IYSIC | state | |
| REC | . PI | Exact | |
| ENT | LLY | ed. | |
| MAN | AC | assif | |
| PER | EX | rly cl | ate. |
| IS A | stated | prope | ertific |
| HIS | pe | pe | o jo |
| N. B.—WRITE PLARALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of | TION is very important. See instructions on back of certificate. |
| VG IN | AGE | that i | ous on |
| ADII | ed. | 18, 80 | tructi |
| UNE | ilqque | tern | ee ins |
| VITH | ully | plair | it. Se |
| (X, V) | caref | TH in | ortan |
| A | ld be | DEA | y im |
| E PL | shou | OF | s ver |
| VRIT | tion | NUSE | ON is |
| B.—V | m | 2 | II |
| ż | | 6 | 0 |

STATE OF MARYLAND—CERTIFICATE OF DEATH

10630

| 1. PLACE OF DEATH | | (Mail |
|--|------------------------------|--|
| County ALLEGAN | Y WITHIN COR | PORATE LIMITS Registration Dist. No. |
| Village or CitCUMBERLANI | D. MD. MEMORIAL HO | SPINIAL St.6-/ Ward |
| | (1 | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of rasidence in city or town whar | re death occurredyrs,mo | sds. How long in U.S. if of foreign birth?yrsds. |
| 2. FULL NAME HAMILI | L.EDWIN | I Hr. & 20MIN. |
| (a) Residence: No. OAKLAN | D.MD. | St., Ward. |
| (a) Nesidence. No. | (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| MALE WHITE | OR DIVORCED (quite the word) | (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorced HUSBAND of | 0. | |
| (or) WIFE of Daruthy | stevenson | 22. HEREBY CERTIFY, That Lattended decaased from |
| 1 | | 1923, 10. 11 14 , 19 35 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | 1 last saw h alive on 4 |
| AGE MONTHS | 1 day,hrs. | to have occurred on the date stated abova, at 4. 2/4.m. The PRINCIPAL CAUSE OF DEATH and related causas of importance |
| 24 10 | ormin. | ware as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, | TRITILITY ASS TO | fam & hot wound |
| SAWYER, BOOKKEEPER, etc 9. Industry or business in which | - PARWETO XTD | |
| work was done, as SILK MILL, SAW MILL, BANK, atc | | Suicidalo Cargo 1935 |
| O 10. Data deceased last worked at | 11. Total time (yaars) | |
| this occupation (month and year) | spent in this | |
| | | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | arland | |
| | El in | |
| 13. NAME 14. BIRTHPLACE (city or town) | nes Janylly | |
| 4 14. BIRTHPLACE (city or town) | Cakland & | Name of operation |
| (State of country) | mo | What tast confirmed diagnosis? Wes there an autopsy? |
| 15. MAIOEN NAME | m Cahina | 23. If daath was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Bulting stel | Accident, suicida, ac homicider ormus Cutal got Injury Del 14, 19 & 5 |
| E (State or country) | 226 | Where did injury occur? Quelland Md |
| 17. INFORMANT | THE FERRING | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Addrass) | enerold nil | home - |
| 18. BURIAL, CREMATION, OR REMOVAL | 0 - 2 | Menner of Injury Que shaf (Suicides) |
| Place Parkland, Mo | Data Let 16 , 1935 | Nature of injury Thru had |
| a market & | 1.113.1-1-10 | 24. Was disaase or injury In any way releted to occupation of deceased? |
| 19. UNDERTAKER (Addiess) | the man man | If so, spacify |
| 10.4 111 2:11 | 122 011.2 | (Signed) & M. W. Seon, 1 M. D. |
| 20. FILED | Registrar. | |
| E WITT CON | Registrar. | (Address) - Usranten fluent, M. f. |

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago ERIES ATT V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | _ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-------|---------|------------|----|-----------|
|------------------|-------|---------|------------|----|-----------|

N. B.-WRITE PIL

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10632 |
|--|---|
| 1. PLACE OF DEATH WITHIN CORPORA | TE LIMITE 82-0 |
| County allegans | Registration Dist. No. |
| Village or City Company | No. Mard Ceath occurred by hospital or institution, give its NAME justeed of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Clanles Sells, | If U.S. Veteran specify WAR. |
| (a) Residence: No. allagany County asylvation (Usual place of abode) | St, Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tho word) | 21. DATE OF DEATH (Month) (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935 to Cot 12 1935 |
| C DATE OF BIRTH (mostly day and man) Almal 1819 | I last saw h. 1.2 alive on Cect. 12 19.35; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| And 76 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade profession or particular | Date of one of |
| SAWYER, BOOKKEEPER, etc | Cerelinal humanologi 1930 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last workad at this occupation (month and yaar) | |
| | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| E 13. NAME unterson | |
| 13. NAME contents 14. BIRTHPLACE (city or town) | Name of operation Mossa Date of |
| (State of country) | What test confirmed diagnosis? Class. Lab Was there an autopsy? |
| 15. MAIOEN NAME unknown | 23. If daath was due to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIOEN NAME CENTER | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Aylaan William (Address) | Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mary to Classic Ct 16, 19.3.5 | Natura of injury |
| 19. UNDERTAKER Longio Stein Ina | 24. Was diseasa or injury In any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FUED Che 16 , 1875 Det Tranklus, Registrar. | (Signad) M. D. (Address) M. D. (Address) M. D. |
| Registrar. | " (nuuros) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| cause of death and related causes Datwere as follows: | ate of onset |
|---|-----------------------------|
| , | |
| <i>H</i> | week ago |
| | week ago |
| 3 | days ago |
| 6: | |
| | 1 year |
| ıt | itory causes of importance: |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | American | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| County Allegany WITHIN CORPORATE LIMITS Registration Dist. No. Village or City Cumberland No. Memorial Hospital St., (If death occurred in a horpital or institution, give its NAME instead of street at the length of residence In city or town where deeth occurred yrs. mos. ds. How long In U.S. if of foreign birth? 2. FULL NAME LAURA HOPWOOD (a) Residence: No. ALIEG COUNTY HOME (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PEM ALE WHITE (ST.) ALIEG COUNTY HOME St., Ward. (Usual place of a bode) MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 4 |
|--|------------------|
| Village or City Cumberland No. Memorial Hospital St. (If death occurred in a horpital or institution, give its NAME instead of street at Length of residence In city or town where deeth occurred yrs. mos. ds. How long In U.S. if of foreign birth? yrs. 2. FULL NAME LAURA HOPWOOD (a) Residence: No. ALLEG COUNTY HOME (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERSONAL STATISTICAL PARTICULARS 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | |
| 2. FULL NAME LAURA HOPWOOD (a) Residence: No. ALLEG COUNTY HOME St., Ward. (Usual place of ebode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) PERM ALE WHITE 4. COLOR OR RACE OR DIVORCED (write the word) | nd number) |
| (Usual place of ebode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WHITCHE OR DIVORCED (write the word) | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. DATE OF DEATH | and State |
| FEW ALE WHITE OR DIVORCED (write the word) | |
| WILDOWED (Month) (Day) | . , 193 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EIMER HOPWOOD 22. I HEREBY CERTIFY, That I attend | ed decaased from |
| 6. DATE OF BIRTH (month, day, end year) Oct. 16.1868 Wast saw bar alive on Oct. 16.193 | 3, 19.2.9 |
| 7. AGE Yaars Months Oays If LESS then to have occurred on the date stated above, at 2:35 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | , uaath 15 Said |
| 8 Trade profession or nationals | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occased last worked at this occased last worked at | /7 |
| 10. Oate deceased last worked at this occupation (month and year) | |
| Other Centributery Causes of importance: (State or country) REMNA MARYLAND | 847-19 |
| E 13. NAME DURST HENRY | |
| 13. NAME DURST HENRY 14. BIRTHPLACE (city or town) (State or country) PENNA Name of operation Date of | |
| What test confirmed diagnosis? Was there a 15. MAIOEN NAME DAY HARRIETT 23. If death was due to external causes (VIOLENCE) fill in also the follow | |
| 15. MAIOEN NAME DAY HARRIETT 16. BIRTHPLACE (city or town) (State or country) VIRGINIA 17. MAIOEN NAME DAY HARRIETT 23. If death was due to external causes (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? Whera did injury occur? | |
| 17. INFORMANT MEMORIAL HOSPITAL Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC I (Address) CUMBERLAND MD | tate) PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Oete 18.1935 Nature of Injury Nature of Injury | |
| 19. UNOERTAKER John . C . Wolford 24. Was disease or injury In any way related to occupation of deceased? (Address) Cumberland . Md If so specify | |
| 20/FIXED CT / 1933 Jac Polisanthe MA (Signad) Clays Lure of. Registrar. (Address) Culmbuland W | M. D. |

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| | Example 1 | 11 | Example 11 | |
|-------------------------|---|---------------|--|---------------|
| of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | EIVED! | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | NOA 8 1202 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| 1221 | ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------|--------------|-------|-----|---------|------------|----|-----------|
| | | | | | | _ | |

RD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE HL

V. S. No. 1

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should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | POPATE LIMITS 93-0 |
| County The County | Registration Dist. No. |
| Village or City Myntestant (If | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S.If of foreign birth?yrsmosds. |
| 2. FULL NAME OSEPH / Hughes | |
| (a) Residence: No. 2019. Julian | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male White OR DIVORCED (write the word) | (Month) (Dev) (Pear) |
| 5a. If marriad, widowed, or divocated HUSBAND of | |
| (or) WIFE of Phone Stry ness | 22. OF HEREBY CERTIFY, Thet lattended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Theb 19 1847 | Hast saw h elive on QCT / 4 1935 death is seld |
| 7. AGE Years Months Oays If LESS than | to heve occurred on the date stated above, at 5 45 P.m. |
| 88 7 25 day,hrs. | The PRINCIPAL CAUSE OF DEATH end ralated ceuses of Importance were as follows: |
| 8. Trede, profession, or particular kind of work done as SPINNER. | Date ol onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10 Date deceesed last worked at this operation groups and this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups and the second last worked at this operation groups are second last worked at the second last worked last worked at the second last worked last worked at the second last worked last worked last worked last worked last worked last worked las | Oplonic hystarditio and |
| work was done, as SILK MILL, Houses | myocardial degeneration 1934 |
| 10. Date decessed last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Ambelland | |
| (State or country) | alleresceroses 1933 |
| 14. BIRTHPLACE (city or town) Cumhaland | |
| (Stete or country) | Name of operation |
| 15. MAIDEN NAME ELIZA Shuck | Whet tast confirmed diagnosis? |
| 16. BIRTHPLACE (city or town). Combuland | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Walles H. Huges. | (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 692 Sephart Orbic City | |
| 18. BURIAL CREMATION, OR REMOVAL Place Date Ost 17, 19 3 5 | Manner of Injury |
| E 1 12 TA | Nature of Injury |
| 19. UNDERTAKER J. M. J. Miller M. (Addrass) | 24. Was disaase or Injury In any way related to occupation of dacaased? |
| Dat Bay and Off | (Signed) To Wi Cresoskes M.D. |
| Registrar. | (Address Queland M. C. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| | Example I | 1 | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | page of the sale o | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | MOV 6 1065 | July 5,1927 | Peritonitis | 3 days ago |
| | ESTERNANT VA. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

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|-----------------------------|--|--|
| BINDING | PERMANENT | EXACTLY |
| FOR | IS A | stated |
| MARGIN RESERVED FOR BINDING | -WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT R | mation should be carefully supplied. AGE should be stated EXACTLY. |
| .1 | -WRITE PLATELY, WIN | mation should be carefull |

PHYSICIANS should state JRD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

TION is very important.

B.—WRITE PL

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V. S. No. 1

| STATE OF MARYLAND | GERTIFICATE OF DEATH 10636 |
|---|---|
| 1. PLACE OF DEATH | (50) |
| County allegany | TV LIMITS Registration Dist. No. |
| Village or City Combelland | ND. Willow Brook Rd St., Ward |
| Length of residence in city pr-town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAMES : A Columno | If U.S. Veteran specify WAR |
| (a) Residence: No. M. Plant Brook Rd | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE PARRIED, WIDOWED, OR DE PROED (write the word) | 21. DATE OF DEATH 30, (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Syst. 4,1900 # 98 7. AGE Years Months Days If LESS than | l lest saw ex alive on 6 ct 30 , 19 35; death is seld to have occurred on the date stated above. at 4 300 m. |
| 35 37 —1 —26 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows: |
| Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc | Carcinona of Left Breast 1933 |
| No National State of the Control of | |
| this occupetion (month and spant in this occupation | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) — Oa (State or country) | Generaline Metalaus 1935 |
| 13. NAME Theodore Johnson | Α |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Neme of operation of the side Date of 1988. What test confirmed diagnosis? This there are autopsy? |
| 15. MAIDEN NAME (Luguedas Hamming | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Lungueda, Hamming 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Martin & Johnson (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place / LUCY LONG LONG NOV 1, 1935 | Manner of Injury |
| 19. UNDERTAKER Agrica Steven Luc (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Ct 31, 185 Jan Frankless. M. A. Registrar. | (Signed) Curt Hodges J. M. D. (Address) Cumberland, M. D. |
| 76 11. 1 | N. O. I. C D. I. D WI C. N. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 100 6 100 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| E contraction to the state of t | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| instead went of "Specialist" and | The mas | Dia de | earting | id Aro |
| and "cured." | | W CON- | | 1 |
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S. No. 1

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OCCUPA

pluods

1. PLACE O

2. FULL NA

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

FEMALE

5a. If married, widos HUSBANO of (or) WIFE of

6. DATE OF BIRTH

79

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

(Address) 18. BURIAL CREMATION

(Address)

(State or country)

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER

| | STATE | OF MARYLAND- | CERTIFICATE OF DEATH 10637 |
|---|-------------------------------|--|---|
| | F DEATH | *** | |
| County | MARYLAND | lle q WITHIN COR | PORATE LIAM Registration Dist. No. |
| Village or | | RLAND | No. MEMORIAL HOSPITAL St6 Ward f death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of res | sidence in city or town where | | sds. How long in U.S. if of foreign birth?yrsmosds. |
| ULL NA | ME PRIS | CILLA JUKES | |
| (a) Resider | nce: No4 | 9 GREEN STREET (Usual place of abode) | St., Ward. CITY If nonresident give city or town and State |
| PERSON | NAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MALE | 4. COLOR OR RACE WHITE | 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) SINGLE | 21. DATE OF DEATH October 14, 5 |
| narried, widov JSBANO of r) WIFE of | wed, or divorced | | 22. I HEREBY CERTIFY. That I attended deceased from 10 19 15 to 14 19 34 |
| E OF BIRTH | (month, day, and year) | SEPT. 10.1856 | I last saw h A alive on Off 14, 19 1; death is said |
| Yes | ars Months | Days If LESS than | to have occurred on the date stated above, at 9: 40 AM |

1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oats of onsat 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ Other Contributary Canses of importance: ISRAEL JUKES 14. BIRTHPLACE (city or town) Name of operation. What test confirmed diagnosis?_____ Was there an autopsy? MARY IMMONS 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of injury______ 19_____ 16. BIRTHPLACE (city or town) Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. MEMORIAL HOSPITAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

V. S. No. 1

| The PLACE OF DEATH County Village or City Village or City Langth of reidenes in city or John where deeth occurred. Ward Langth of reidenes in city or John where deeth occurred. Ward Langth of reidenes in city or John where deeth occurred. Ward Langth of reidenes in city or John where deeth occurred. Ward Langth of reidenes in city or John where deeth occurred. J. Liss, Ygheran specify WAR. (a) Residence: No. B. Charles of abouth PERSONAL AND STATISTICAL PARTICULARS S. L. Ward. J. Liss, Ygheran specify WAR. (b) Ward. Ward. J. Liss, Ygheran specify WAR. (a) Residence: No. J. Liss, Ygheran specify WAR. (b) Ward. J. Liss, Ygheran specify WAR. (b) Ward. J. Liss, Ygheran specify WAR. (b) Ward. J. Liss, Ygheran specify WAR. (c) Residence: No. J. Liss, Ygheran specify WAR. (a) Residence: No. J. Liss, Ygheran specify WAR. Ward. J. Liss, Ygheran specify WAR. J. Liss, Ygheran specify WA | STATE OF MARYLAND- | -CERTIFICATE OF DEATH | 10638 |
|--|---|--|-------------------|
| Village or City | | | |
| Langth of residence in city or fawn where deeth odurred. Langth of residence in city or fawn where deeth odurred. Langth of residence in city or fawn where deeth odurred. Langth of residence in city or fawn where deeth odurred. Langth of residence in city or fawn where deeth odurred. Langth of residence in city or fawn where deeth odurred. (a) Residence: No B | | | |
| Classification Clas | $\mathcal{L}_{\lambda}(I)P0$. | 1-6 | Ward |
| 2. FULL NAME (a) Residence: No. O. B. O. | | If death occurred in a hospital or institution, give its NAME instead of street | and number) |
| (a) Residence: No. 10 8 | Length of residence In city or town where deeth occurredyrsmo | sds. How long In U.S. If of foreign birth?yrs | mosds. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEY 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVOQCED (genic the word) 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. SEY 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVOQCED (genic the word) 6. Trace, profession, or particular 7. AGE Years Menths Oays 17 LESS than 18. SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in which work was close, as SILK MILL, SAWYER, BOOKREEPER, etc. 9. Indicator obscisses in minor the participation of the Castribatory Casses of Importance water as Indicator. 10. SIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. AMME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. Date of country) 18. Date of enset 19. Indicator. 19. Society was there an autopayy. 19. 19. Whet test confirmed diagnosis of obscissory and State) Specify whether injury occurred. 18. Date of rows, country and State) 19. Where did injury cocurred. 19. Manner of injury. 19. Where did injury in any way related to occupation of deceased? Mulling Manner of Injury. 19. UNDETABLE ACRIED AND | 2. FULL NAME & Ouise Tralbang | . If U.S. Yeteran specify WAR | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOXCED Own: the word) 5a. If married, widowed, or divorced (or) wife of or | | | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVOSCED (sporite the word) So. If married, wiDowed, or divorced HUSSANO (Month) (Dey) (Year) 10. DATE OF DEATH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, have a solid of work done, as SINNER, sawning, and solid of work done, as SINNER, sawning, and sawn | | the second secon | |
| So. It married, whosewed, or divorced HUSBAIO or Corp. WIFE of Corp. WIF | | | н |
| So. If married, without, or divorced HUSBANO or Growing of Corp. Wife of HUSBANO of Corp. Wife of HUSBANO of Corp. Wife of 1935. S. DATE OF BIRTH (month, day, and year) March 30 1905 It LESS than 1 day. | | 21. DATE OF DEATED Chalue 10 | 1025 |
| HUSSAND OF COT VIFF of Cot VIF | Temple Mule Jung le | (Month) (Dey) | (Year) |
| 6. DATE OF BIRTH (month, day, and year) Marsh 30 1905 1 last saw h. M. alive on Dest 10 1905 1. AGE Years Months Oays II LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPEPR, etc. or min. 10 Juny 1 PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest were as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) occupation. Gistate or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Wester as Albanesh 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME And DEN NAME Accident, suicide, or homicide? 17. INFORMANT (State or country) 18. BURIAL, GEBMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) And Hall And Hall (Signed) All LESS than 1 last saw h. M. D. Addition of the following: Additional or injury in any way related to occupation of deceased? M. D. Place (Signed) All Less taw h. M. D. Addition of Death and peace of the principle of the following: Accident, suicide, or homicide? 19. UNDERTAKER (Address) And Hall And Hall (Signed) All Less taw h. M. D. Addition of Death and peace of injury in any way related to occupation of deceased? M. D. FileD (Signed) All Less taw h. M. D. Addition of Death and peace of injury in any way related to occupation of deceased? M. D. FileD (Signed) All LESS than it also take the peace of importance were as follows: All Less taw h. M. D. Addition of Death and peace of importance were as follows: And the permitted to be the following: Accident, suicide, or homicide? Date of injury 19. UNDERTAKER (Address) And Hall Sale And Hall Sale And Hall (Signed) All Less tawn h. M. D. Addition of Death and to be peace as follows: And the permitted to occupation of deceased? And The peace and the peace as follows: And the peace as follows: And | HUSBANO of | 22 . I HEREBY CERTIFY That Latter | ded deceased from |
| 7. AGE Vears Months Oays II LESS than I dey | (or) WIFE of | aug 29 1935 10 Oct 1 | 0 1935 |
| 7. AGE Years Months Oays If LESS than I dey | 6 DATE OF RIPTH (month day and year) March 1 32 - 190 | I last saw her alive on Oct 10 19 | deeth is said |
| 1 deyhrs. or | | to have occurred on the date stated above, et 7: 45 P.m. | |
| 8. Trade, profession, or particular hid of work dome, as SPINNER, SAWYER, BOOKERFER, etc 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKERFER, etc 10. Date deceased lest worked at this occupation (month and percentage) 11. Total time (years) spent in this occupation (month and percentage) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manner of injury Nature of injury | | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
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| Other Contribatory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Oate Other Contribatory Causes of Importance: Other Contribatory Other C | o kind of work done, as SPINNER, four Mary | Vetany | 1935 |
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| Other Contribatory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Oate Other Contribatory Causes of Importance: Other Contribatory Other C | SAW MILL, BANK, etc | - Parathyroiel | |
| Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) | | " (acquired?) | |
| (State or country) 13. NAME 14. BIRTHPLACE (city or town). Accident (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). The Same Accident, suicide, or homicide? (State or country) 17. INFORMANT. Charles (albanyle (Address)) 18. BURIAL, CREMATION, OR REMOVAL Place (Address). 19. UNOERTAKER (Address) 20. FILED. 1935 Albanyle (Signed). Light of the place of injury in any wey related to occupation of deceased? M. D. Charles (Signed). Light of the place of injury in any wey related to occupation of deceased? M. D. Charles (Signed). Light of the place of injury in any wey related to occupation of deceased? M. D. Charles (Signed). Light of the place of injury in any wey related to occupation of deceased? M. D. Charles (Signed). Light of the place of injury in any wey related to occupation of deceased? M. D. Charles (Signed). M. D. | yeer) octupation | Other Contributory Causes of Importance: | 1-18 |
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| Whet test confirmed diagnosis 2 a labeled and was there an autopsy? 1.5. 15. MAIDEN NAME | 13. NAME Webster Calbacy h | (avitaminosis) | |
| Whet test confirmed diagnosis 2 a labeled and was there an autopsy? 1.5. 15. MAIDEN NAME | 7 14. BIRTHPLACE (city or town) accelerat | Neme of operation Determined Date | of |
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| (Specify city or town, county and State) 17. INFORMANT Charles (Calbany le Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place And the Oate Color of injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILED (Signed) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) If so, specify (Signed) (Signed) M. D. | 5 16. BIRTHPLACE (city or town) My Savage | Accident, suicide, or homicide? Date of Injury | , 19 |
| 17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Andrews Date Obt 15, 19.30 Nature of injury 19. UNOERTAKER 24. Was disease or injury in any wey related to occupation of deceased? No lift so, specify 20. FILED (Signed) (Signed) M. D. | (State or country) | Where did injury occur? | I State) |
| 18. BURIAL, CREMATION, OR REMOVAL Place A set to compare the compared of the | 17. INFORMANT Charles / Calhangh | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI | C PLACE. |
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| 19. UNOERTAKER (Address) 24. Was disease or injury In any wey related to occupation of deceased? If so, specify (Signed) (Signed) M. D. | Wek 18 2 | | |
| (Address), Andrew If so, specify Oleo O. Stiles M. D. | Place Assetting Oate Con 19.00 | Nature of injury | |
| 20. FILED 1/2 1935 A.R. Halker (Signed) Deo D. Steles M. D. | 19. UNOERTAKER J. J. Deces | 24. Was disease or injury in any wey related to occupation of deceased | n no |
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| | 113/ 3/ /1/2/10/01 | (Signed) Cleo V. Dule | 2M. D. |
| | | (Address) - Thost lenter) | 1-cl |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Experimental del militario e a mala del | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| 1. PLACE OF DEATH County. Glla gard WITHIN CORPORATE LIMITS We Registration Dist. No. No. 3. 4. Column and Characteristic invested of inverted and invested and invested of inverted and invested in invested in invested invested invested invested in invested in invested invested in invested invested invested in invested invested in invested in invested in invested in invested in invested invested in invessed in invested in invested in invested in invested in invested | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|--|
| Village or City, Canal C | 1. PLACE OF DEATH WITHIN COR | PORATE LIMITS 34 |
| Langth of residence in city or form where death occurred yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. mos. ds. How long in U.S. if of tereign birth? yes. how long in U.S. if of tereign birth? yes and since Washington and the U.S. in U.S. in MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. HE RE BY CERTIFY, That I sitended deceemed from to have occurred on the date stated above, st. Le min. do have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and to have occurred on the date stated above, st. Le min. yes. and yes. yes. and yes. yes. yes. yes. yes. yes. yes. yes. | County allegany | // |
| Length of residence in city or town where death occurred yes mos. 4. How long in U.S. If of foreign birth? mos. ds. 2. FULL NAME Charles of Meda St Leaves mos st | Village Dr City Carologoland Md | |
| (a) Residence: No. 8. 0. 4. Columbia de Columbia de St. 9 Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE B. BUYCKEE Compita word. S. HIMBER William Compital word. B. HIMBER William C. School Compital word. S. HIMBER William C. School Compital word. S. DATE OF BIRTH (month, day, and yeer) S. Trade, profession, or particular sind of work done, as SPINNER, sind of work done, a | Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| (a) Residence: No. 8. 0. 4. Columbia due to Clumbia due to St. 3. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE B. BUYGNED Compits word. S. HIMBER William Compital work of diversal (Month) (Pay) (Near) 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Moniks Days 1. ILESS than 1. If Jal Immercial and in the succession, or particular sind of work done, as SPINNER, or min. 3. IT rade, profession, or particular sind of work done, as SPINNER, or min. 3. Interpretation of work done, as SPINNER, or min. 4. Interpretation of work done, as min. 5. Interpretation of work done, as SPINNER, or min. 5. Interpretation of work done, as min. 5. Interpreta | 2. FULL NAME Charles / Stan Com te | 22.1 |
| Der Sonal and State Personal and | | 3 |
| 3. SEX 4. COLOR OR RACE OR DIVORCED Currice, the word) 5. If married, riddwed, or divorcad (es) white of security (es) was there an autopay? we see the following: Accident, suicide, or homicide? 12. BIRTHPLACE (city or town) (State or country) 13. NAME (es) white of security (es) of | | |
| male what OR DIVORCED (write tha word) Divorced (word) Authority of (las) white | | MEDICAL CERTIFICATE OF DEATH |
| So. It married, widewed, or divorad (ce) witer of survey. So. DATE OF BIRTH (month, dey, and yeer) and 8, 1866 So. DATE OF BIRTH (month, dey, and yeer) and 8, 1866 T. AGE Years Month Days If LESS than 1 day. hrs. ormin. T. AGE Years Month Days If LESS than 1 day. hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Some of work done, as SIK MILL. According to the date stated above, at. Le | TO THE ON THE OWNER, MARKED, WIND WED, | 21. DATE OF DEATH |
| S. DATE OF BIRTH (month, dey, and yeer) Days 18 6 1 1935, to 0 0 1935 death is said to have occurred on the date stated above, at 0 m. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. 50 Merch | male white devonced, | (Month) (Day) (Year) |
| S. DATE OF BIRTH (month, dey, and yeer) Days 18 6 1 1935, to 0 0 1935 death is said to have occurred on the date stated above, at 0 m. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. 50 Merch | 5a. If married, widowed, or divorcad HUSBAND of | 20 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5. DATE OF BIRTH (month, dey, and yeer) And S, 186 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at | | |
| 7. AGE Years Months Days If LESS than 1 day | S DATE OF BIRTH (most) to an and 8 1861 | 10-11 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, State Seegar Shawler, BONKEPR, BONKEPR, etc., State Seegar Shawler, BONKEPR, BONKEPR, etc., Saw MILL, BANK, etc., SAW MILL, SAW | , | 1 1831 38W 11-1-1-1 Gestin 13 3810 |
| 8. Trade, profession, or particular kind of work done, as SPINDER, lone keeper skind of work done, as SPINDER, lone keeper lone kind of work done, as SPINDER, lone keeper lone kind of work done, as SPINDER, lone keeper lone keeper lone kind of work done, as SPINDER, lone keeper lone kind of work done, as SPINDER, lone keeper lone kind of work done, as SPINDER, lone keeper | 14 9 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| Sapustry or business in which work was dona as SILK MILL, SAW MILL, BANK, etc. | ormin. | were as follows: |
| Sapustry or business in which work was dona as SILK MILL, SAW MILL, BANK, etc. | kind of work done, as SPINNER, Sawyer, BOOKKEPPER atc | 0.00 |
| Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Carring Growthy (State or country) 13. NAME & Quand & Xelcar 14. BIRTHPLACE (city or town) Country (State or country) 15. MAIDEN NAME & Late & Country (Country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT & Abdulation to Lace & Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR REMOVAL Place & Country (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED CL 23.63.6 Application of Accident, Suicides or injury In any way related to occupetion of deceased? 17. In so, specify (Signed) (Main and State) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address | A Andustry or business in which | The same of the sa |
| Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Carried and Andrews and Angeles and Angele | SAW MILL, BANK, etc. | |
| 12. BIRTHPLACE (city or town) Carandes and Market (State or country) 13. NAME & Quant & Xellar 14. BIRTHPLACE (city or town) Carandes and State or country) 15. MAIDEN NAME & Community (State or country) 16. BIRTHPLACE (city or town) (State or country) (QO game Co., Market (State or country)) 17. INFORMANT & Community (Specify city or town, country and State) 18. BURIAL, CREMATION, OR REMOVAL Place (Columbia and State) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED CL. 21.15.6. Application of deceased? No. Registrar. 18. December Columbia (Signed) (Market) (| 11. Total time (years) this occupation (month and | |
| 12. BIRTHPLACE (city or town). State or country) 13. NAME Country 14. BIRTHPLACE (city or town). State or country) 15. MAIDEN NAME Country 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Country) (QO grant Country) 18. BURIAL, CREMATION, OR REMOVAL Place Country 19. UNDERTAKER (Address) 18. Specify (Signed) 19. UNDERTAKER (Address) (Signed) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Address) | yeer) occupation O App | Other Contributory Causes of importance |
| 13. NAME & Quant & Scale of Country 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME & City or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT & Specify city or town, county and State) 18. BURIAL CREMATION, OR REMOVAL Place & Country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED & Agriffman Main Main Main Main Main Main Main Ma | | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (100 ground Co. Md., Whera did injury occur? 17. INFORMANT (Address) 8 Off Columbia one) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 11. MAIDEN NAME Was there an autopsy? 10. Accident, suicide, or homicide? | | |
| What test confirmed diagnosis? Was there an autopsy? 12. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (100 game Co, Md, Where did injury occur? 17. INFORMANT (Address) 8 Off Columbia one) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED (A, 1935) 20. FILED (A, 1935) What test confirmed diagnosis? Was there an autopsy? 12. What dest confirmed diagnosis? Was there an autopsy? 12. 23. If death was dua to externat causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? 12. 24. What test confirmed diagnosis? Was there an autopsy? 12. What test confirmed diagnosis? Was there an autopsy? 12. Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury In any way related to occupetion of deceased? If so, specify (Signed) M. D. Registrar, (Address) M. D. (Address) M. D. (Address) M. D. | 13. NAME Edward I Keller. | |
| What test confirmed diagnosis? Was there an autopsy? 12 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (100 grams Co. Md., Where did injury occur? 17. INFORMANT (Address) 8 Off Columbia one) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED (A. 1836) Registrar, Was there an autopsy? 12 What test confirmed diagnosis? Clause (Woll ENCE) fill In elso the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? 12 20. Glash was dua to externat causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury In any way related to occupetion of deceased? If so, specify (Signed) M. D. Registrar, (Address) M. D. (Address) M. D. (Address) M. D. | 4 14. BIRTHPLACE (city or town) Country Country | Name of operation none Dete of |
| Whera did injury occur? 17. INFORMANT C | (State or country) Masking along. | What test confirmed diagnosis? Llance Was there an autopsy? |
| Whera did injury occur? 17. INFORMANT C | 15. MAIDEN NAME Cuth & Simplime | 23. if death was dua to externat causes (VIOL ENCE) fill In elso the following: |
| Whera did injury occur? 17. INFORMANT C | [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT C A Columbia one Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) | (State or country) allegamen Co, Md. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Language Place Date | and the contract of the contra | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Date Ct. 1935. Nature of injury. 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupetion of deceased? 10 (Signed) (Signed) (Signed) M. D. Registrar. (Address) Me See See See See See See See See See | | Manner of injury |
| 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupetion of deceased? 26. FILED CL. / 20, 163.6 (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) | Place Transfell amountable 1 7 , 1935 | |
| 20. FILED CL. / 2, 163.5 April March M. D. Registrar. (Address) Me Seed 6209. | IN LINDEDTAYED CARALETTE TO PARTY | |
| 20. FILED Ct. 12, 155 Jacob March M. D. (Signed) D. G. Inone M. D. Registrar. (Address) Me Lead 620g. | | |
| Registrar, (Address) Medical (2) 29. | 20. File Ct. / 2, 185 Jakthanklin Mr. | 1/1 |
| | Registrar. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Larry. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related eauses of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Combal have made as a second s | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| ALIDEATI V. S | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 N. B.—

| 1. PLACE OF DEATH | TE LIMITS (3) |
|---|--|
| County allegans | Registration Dist. No. |
| Village or City Cultilland | No. 20 Old State St. 5 - Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | sds. How long In U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME Marthe & Kelle | 1f U.S. Veteran specify WAR |
| (a) Residence: No. | 1 Pol6 - Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) | 21. DATE OF DEATH ON VI 193 5 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of Cor) WIFE of Leter Kelley | 22. I HEREBY CERTIFY, That I attended deceased from 10 1933, to Och 22 1935 |
| 6. DATE OF BIRTH (month, day, end yeer) Luly 1837 | I last saw h alive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, etm. |
| 98 2 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | areau Como a Dete of ones |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occurrent or more than the company of the company in this programme to the company in the compa | |
| 10. Date deceased last worked at this occupetion (month and year) - spant in this occupetion - spant in this occupetion - spant in the | |
| H. History | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Torracción Marion |
| 13. NAME Was Drewing | Casterio Seleman 1041 |
| 13. NAME The December 14. BIRTHPLACE (city or town) fronting the second of the second | Name of operation Date of |
| (State of country) | Whet test confirmed diagnosis? Was there en eulopsy? |
| 15. MAIDEN NAME Curperous 16. BIRTHPLACE (city or town) | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| State or country) | Where did Injury occur? |
| 17. INFORMANT Refrest Kelley (Address) Command and Mid | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Plece Roe Hell Ceur pate Cet. 23, 1935 | - Neture of injury |
| 19. UNDERTAKER Joseph Steen Sur Man | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20 FLED Ct 222, 1935 Jac Parantelin Mis | (Signed) M. I |
| Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| to the second of | - 2 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| | | d's | | |
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| | RD. | [XS] | sta | |
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| VED FOR BINDING | -THIS IS A PERMANENT RE RD. Every item of infor- | ld be stated EXACTLY. PHYSICIANS should state | ay be properly classified. Exact statement of OCCUPA- | |
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| Q | HIS | pe | pe | of o |
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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10642 |
|--|---|
| 1. PLACE OF DEATH | ADODATE LIMITE (97) |
| County Hally any | Registration Dist. No. |
| Village or City Upmbelland | No/23. Independence st. 3 Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME amil (Keste | |
| (a) Residence: No. 123 Indikinding | LSt. 3 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced HUSBAND of | |
| (or) WIFE of | 22. OCH. S. 1935 to OCH. S. 1935 |
| 6. DATE OF BIRTH (month, day, and year) Man 4 1858 | I last saw her alive on Oct, 5 ,1935; death is sald |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at 730A.m. |
| 76 6 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: |
| 8. Trady, profession, or particular kind of work done, as SPINNER. | Date of onset |
| SAWYER, BOOKKEEPER, etc. | Cerebral (Isterios claras) |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. | |
| Data deceased last worked at this occupation (month and spantin this | |
| year) occupation | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) Mulland | |
| (State or country) | Seule Lowella 1928 |
| 13. NAME COOM STEWER | 1/wo |
| (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? |
| f5. MAIOEN NAME Elizabeth Bembardt 16. BIRTHPLACE (city or town) Sermany | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| State or country) | Where did injury occur? |
| 17. INFORMANT Type France Fleckenstein | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place St (Ellis X Vant Com Date Ul 11, 1935 | Nature of injury |
| 19. UNDERTAKER S. A. Butley | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) (muliplemed md. | If so, specify |
| 20. Wes ct 10, 135 Jahl Arantolin 342 | (Signed) M. D. |
| Registrar. C | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

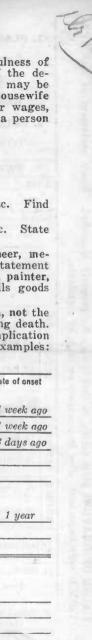
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example 1 | | Example 11 | |
|--------------------------------|---|---------------|--|---------------|
| | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1 | HEVELVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 6 1933 | | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | E (12), |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | CLA | N |
|---|-----|---|
|---|-----|---|



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|------------|--------------------------------------|----------------------------------|---|---------|
| (M | A PERMANENT RECORD. Every item of in | ted EXACTLY. PHYSICIANS should s | perly classified. Exact statement of OCCU | |
| XX | em | hoi | 0 | ı |
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| | ery | Z | ent | |
| | EV | CIA | em | |
| | D. | SIC | tat | |
| 4 | S.R. | HY | t s | |
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| rh | Z | I | -i | |
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| DI | Y | A (| SSI | |
| Z | RIV | × | cls | |
| OR BINDING | PE | 田 | J. | Lifesto |
| 民 | A | red | per | · · |
| 0 | | - | - | |

OCCUPATION

See instructions on back

TION is very important.

mation sh

-WRITE

B.

V. S. No. 1

for-tate PA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10643 |
|--|--|
| 1. PLACE OF DEATH | TO COLUMN 1 IAAITA CO |
| County allegaging | Registration Dist. No. |
| Village or City Kennell Ward | No. 700 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of lown where death occupied 4 syrs mos. | |
| 2. FULL NAME loseful y Kight | f- 1 |
| (a) Residence: No. 406 Ruco (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DE YORCE (write the word) | 21. DATE OF DEATH (27 , 193 S (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sorman 1862 | 22. I HEREBY CERTIFY. That Lattended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 7. AGE Years Months Days If LESS than | lo have occurred on the dale stated above, at |
| 73 Inhuran Iday, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 1 9 Trade profession or particular | Date of one of the state of the |
| kind of work done, as SPINNER, Rollied SAWYER, BDDKKEEPER, etc Industry or business in which work was done, as SILK MILL, Storekoefer RPC 10. Dale deceased last worked at 11. Totalkime (years) | . Myocurditis 1933 |
| this occupation (month and year) spent in this occupation occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Thaslessefat Md | Coronary 27 |
| 13. NAME Welliam Right 14. BIRTHPLACE (city or town) | ochisun 31- |
| 14. BIRTHPLACE (city or town) (Slate or country) | Name of operation Dale of Was there an autopsy? |

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(Slate or country)

18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER (Address)

23. If death was due to external cagses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Manner of injury Nature of injury.

24. Was disease or injury in any

If so, specify (Signed) (Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis \\ 6 1000 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| E PAUL S. | | | |
| The state of the s | | | |
| Other contributory causes of importance: | 1000 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

10644

| DRATE LIMITS | Registration | Dist No | 4 |
|--|----------------------|----------------------|-----------------|
| HOSPITAL | Nogistration | Ct / | _/ Ward |
| death occurred in a hospital or institu | | | d number) |
| T2-dsOURS in U.S. If o | f foreign birth? | yrs | mosds. |
| | | | |
| St, Ward. | If nonresident | give city or town as | 16 |
| MEDICAL C | ERTIFICATE | | id State |
| 21. DATE OF DEATH | RER 26 T | 035 | - |
| OCTOBER | RIARMAN | (Day) | , 193 |
| | | | (Year) |
| 22. LHEREBY | CERTIFY | Y. That I oftende | d deceased from |
| I last saw h.com alive on C | | 125 | 19.0.4 |
| | | TO A M | ; death is said |
| to have occurred on the date state The PRINCIPAL CAUSE OF DEAT | | e of Importance | |
| were as follows: | | | Date of onset |
| Oremshure | bull | (6/2) | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| | | | |
| *************************************** | | | |
| | | | |
| Other Contributory Causes of Impo | rtence: | | |
| | | | |
| | | | |
| Name of operation 200 | | | |
| | | | 9 |
| Whet test confirmed diagnosis? | | | |
| 23. If death was due to external cau | | | - |
| Accident, suicide, or homicide? | L | ate of injury | , 19 |
| Where did injury occur? | (Specify city or t | town, county and St | ate) |
| Specify whether injury occurred In | INDUSTRY, in HO | ME, or in PUBLIC P | LACE. |
| Manage of Indiana | | | |
| Manner of Injury | | | |
| Neture of injury | | | 1 |
| 24. Was disease or injury In any w | ay related to occupa | tion of deceased? | uo |
| If so, specify | NO | 1.00 | |
| (Signed) | bear Com | ner Ly | M. D. |

V. S. No.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis NOV 6 1960 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BREAU V. S | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Cest House in Maff

V. S. No. 1 E. should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10645 |
|---|--|
| 1. PLACE OF DEATH | (31) |
| County allegans WITHIN CORPORA | TE LIMITS Registration Dist. No. |
| Village or City | No. 915 Backland St., 4 Ward |
| (If Length of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Frances Gertrul 17 | If U.S. Veteran specify WAR. |
| (a) Residence: No. 915 Bedford | St. 4 Ward. |
| (d) Residence. No. (Valaplace of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (quite the word) | 21. DATE OF DEATH (Oay) (Year) |
| 5a. H married, widowed, ex diverced HUSBAND of (or) WIFE of Philly Kohl | 22. HEREBY CERTIFY, That I attended deceased from 1935. |
| 6. DATE OF BIRTH (month, day, and year) 1864 | I last saw h alive on ; death is said |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and this pocupation (month | anonie haplant |
| 9. Industry or business in which work was done, as SILK MILL. | Myrendet |
| SAW MILL, BANK, etc | Eshdvandel- |
| O this occupation (month and spent in this year) | Hypotonsin |
| 12. BIRTHPLACE (city or town). Backerland | Other Contributory Causes of Importance: |
| (State or country) Peurland | Alcant Fredrice |
| 13. NAME William R. Barnard | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Eliza Hoopmood 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| State or country) | Where did injury occur? |
| 17. INFORMANT MARCHAEL RALL (Address) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Lee & Cost Oct 12, 1935 | Nature of injury |
| 19. UNDERTAKTORING Stein Em | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. Ale cet 11, 193 5 To Strankler MA | (Signed) (Address) 4/ Succession (Address) 4/ Successi |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| W. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mr. Fuenes

ż

| | County | HLLEGAR | IV . | The state of the s | Registration | Diet No | 4 |
|--------|---------------------------------|---|--|--|----------------------|----------------------|--|
| | , | ^ | | W. Durcan | ()// | 1 / / | 1/ |
| | Village or C | city Cumber | raiv) | No. HILE CAN | ion, give its NAME | instead of street an | wait d number) |
| | Length of resi | idence in city or town where | | sds. How long in U.S. If of | | | |
| 2 | FULL NA | ME Stally | MEN LARGENT | If U.S. Veteran spec | ify WAR | | |
| | (a) Residen | ce: No. 204 | A 01 1 1 | St., Ward. | | | |
| | (-) | | (Usual place of stoole) | | If nonresident | give city or town a | nd State |
| | | IAL AND STATIST | ICAL PARTICULARS | MEDICAL CI | ERTIFICATE | OF DEATH | |
| 3. S | EX | 4. COLOR OR RACE | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | 40 | | 5.6 |
| F | EMALE | White | SINCLE | | (Month) | (Day) | , 193(Year) |
| 5a. | If married, widow HUSBAND of | ved, or divorced | | 22. I HEREBY | 0505.5 | | |
| | (or) WIFE of | | | | 19, to | | |
| 6 F | ATE OF RIPTU | (month, day, and year) | 10-6-35 | I last saw h alive on | | | |
| 7. A | | | Days If LESS than | to have occurred on the date stated | | | , 00001110 00 |
| | 0 | 11000 | 1 day,hrs. | I THE I KINCH AL CAUSE OF DEAT | H and related cause | s of Importence | |
| _ | 8. Trade, profes | ssion, or particular | 101 | were as follows: | 0 | | Date of ons |
| TION | kind of v SAWYER, | ssion, or particular work done, as SPINNER, , BDOKKEEPER, etc | mme. | N-1-0-2 | | ~ | |
| PAT | 9. Industry or | business in which s done, as SILK MILL. | | | | | |
| OCCUPA | SAW MIL | L, BANK, etc | 1 | | | | |
| 8 | this occu | ed last worked et pation (month and | 11. Total time (years) spent in this | | | | |
| 1 | year) | ^ | occupation | Other Cantributory Causes of impo | rtance: | | |
| 12. | BIRTHPLACE (cit | 0.0 | | | | e, | |
| œ | ^ | THE REY | AND | - Millian | | | |
| HER | 13. NAME | DIE HETHI | IR SLARGENT | | | | |
| FAT | 14. BIRTHPLACE | (city or town) | O VAM | Name of operation | | | |
| | | F | or Virginia | What test confirmed diagnosis? | | Was there a | n autopsy? |
| HER | 15. MAIDEN NA | ME DESSIE J | OSEIHINE COFFMAN | 23. If death was due to external cause | 14 | In also the follow | ing: |
| MS I | | (city or town)U_U^ | BERLAND | Accident, suicide, or homicide? | | Date of Injury | , 19 |
| - 1 | (State of | country) MA | RYLDIVO. | Where did injury occur? | (Specify city or | town, county and S | itate) |
| 17. | INFORMANT | 1785 JESSY | L LARGENI | Specify whether injury occurred in | INDUSTRY, In HO | ME, or in PUBLIC | PLACE. |
| 18. | (Address) | ION, OR REMOVAL | mand. | | | | |
| | Place T. N. | Tricks Come | Date Oct 8 - , 193.5 | Manner of injury | | | |
| | -/- | 7 . 8+ | . 7 | | | | |
| 19. | (Address) | Tours sie | I mod. | 24. Was disease or injury In any wa | iy related to occupa | or deceased?. | |
| | 10 + | 2 2 | PH 11 ml | (Signed) Was | 20,05 | . Film | M |
| | FILECC | 1 1000 200 1 | | | | | VIII TO A STATE OF THE PARTY OF |

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| - LUDCAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 1,104,212 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | STATE C | F MARYLAND- | CERTIFICATE OF DEATH | 0647 |
|---|--|--|---|------------------|
| 1 | . PLACE OF DEATH | OO WITHIN | CORPORATE LIMITE (3) | / |
| | County CLE | loge | Registration Dist. No. | |
| | Village or City | berland | No. 2 C B College St., death occurred in a horpital or institution, give its NAME instead of street and | / Ward |
| | Length of residence In city or town where | | ds. How long in U.S. if of foreign birth?yrsm | |
| 2 | . FULL NAME Lose | ple Loile | L. | |
| | (a) Residence: No. Z/d | Beall | St., Ward. | |
| production of the last of the | | (Usual place of abode) | If nonresident give city or town and | State |
| | PERSONAL AND STATIST | | MEDICAL CERTIFICATE OF DEATH | |
| 3. | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH (Month) (Day) | , 193 5 |
| 5a. | If married, widowad, or divorced | 0-1 | | (Year) |
| | HUSBAND of (or) WHEE UT | - H. | 22. I HEREBY CERTIFY, That I attended | daceesed from |
| | June | ua l'estres | august 16, 19, 35, to October 2 | |
| | DATE OF BIRTH (month, day, and year) | ely 12-1853 | I last saw Krin aliva on Septembe 15, 1935 | _; daath is sald |
| 7. | AGE Years Months | Deys If LESS than I day,hrs. | to have occurred on the date stated above, at | |
| | 82 3 | ormin. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: | Data of onset |
| z | 8. Trade, profassion, or particular kind of work dona, as SPINNER, | | Coronory Occlusion | Oct -20,1 |
| 9 | SAWYER, BDDKKEEPER, etc | Expender | Hypertenpers Cardennesular Rend | |
| OCCUPATION | Industry or business in which work was done, as SILK MILL. | Melined | lessin - | 1372 |
| CO | work was done, as SILK MILL, SAW MILL, BANK, etc | ofecual | Both Bornelikes | 3 |
| 0 | 10. Date daceased last worked at this occupation (month and | If. Total time (years) spent In this | 6 resphenens | 7 |
| | year) | occupetion | Other Contributory Causes of importanca: | - |
| 12. | BIRTHPLACE (city or town) | 2. York | Other Continues of Charles of Importance. | |
| | (State or country) | 2010 | Antenisclester. | |
| FATHER | 13. NAME | illel | mitral stense - | - |
| I | 14. BIRTHPLACE (city or town) | | Name of acception | |
| FA | (State or country) | Jennany | Nama of oparation | |
| 2 | 15. MAIDEN NAME | | What test confirmed diagnosis? | |
| E | 7-11 | | 23. If daath was dua to external causes (VIDLENCE) fill In also the following | • |
| MOTHER | 16. BIRTHPLACE (city or town) | | Accidant, suicida, or homicide? Date of injury | , 19 |
| | Asiata of country) | 1.001 | Whara did Injury occur? (Specify city or town, county and State | (e) |
| f7. | INFORMATION (Aptiress) | Tolle of med | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL | ACE. |
| 18. | BURIN CREMATION OR REMOVAL | 0 600 | Manner of injury | |
| | Sport Veller Must C | Penns CC122, 1935 | Natura of Injury | |
| -5 | 1. | P. 9 | | 743 |
| 19. | UNDERTAKER (Address) | agin Ind. | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20 | Det 21 1835 Jas | Detrouble mi | (Signet) June Steff Mushon | ce M.D. |
| 20. | | Registrar. | (Address) // / Day Africa | P. |
| | If more | blanks are needed, address State Registrar | 2411 N. Charles Street, Baltimore Requesting 7) S No. 1 | |

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9.—The industry or business in which the work was done.

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| Example I | | Example II | 211111111111111111111111111111111111111 |
|---|---------------|--|---|
| The principal cause of death and related causes of importance were as follows: \ 6 1935 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| 1) | BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. |
|-----------------------------|--|--|--|
| | D. Every ite | SICIANS s | tatement of |
| | NT RECOR | LY. PHY | d. Exact s |
| MARGIN RESERVED FOR BINDING | PERMANE | EXACT | ly classified |
| ED FOR | HIS IS A | be stated | be proper |
| RESERV | G INK-T | GE should | that it may |
| TARGIN | UNFADIN | supplied. A | terms, so |
| • | LY, WITH | carefully s | TH in plain |
| | TE PLAIN | should be | E OF DEA |
| S. No. 1 | BWRI | mation | CAUS |

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 106 | 48 |
|--|---|---------------|
| 1. PLACE OF DEATH | (93.C) | _ |
| County allegary WITHIN CORPOR | ATE LIMITS Registration Dist. No. | |
| | 11 | Wand |
| Village or City Crandesland | No. 307 / Man St., death occurred in whospital or institution, give its NAME instead of street and num | Ward |
| Length of residence in city or town where death occurred 150_yrsmos. | ds. How long in U.S. if of foreign birth?yrsmos | ds. |
| 2. FULL NAME hoal Long | If U.S. Veteran specify WAR | |
| (a) Residence: No. 30 7 Water | St., / Ward. | |
| (Usual place of abode) | If nonresident give city or town and Sta | ite |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | - |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR Divorced (write the word) | 21. DATE OF DEATH | 5 |
| male Whate thomas | (Month) (Day) | 93 (Year) |
| ia. If married, widowed, or divorced HUSBAND of | 22. A LHEBERY CERTIFO Libat Dettend @ Ge | annud Topola |
| (or) WIFE of many Logdson. | CT STATE TO THE TENEDOUGH | 19 29 |
| DATE OF BIRTH (month, day, and year) FL 18 1845 | Hest saw plu elive on Oct 7 1985: | leath is sald |
| 7. AGE Years Months Deys I LESS than | to have occurred on the date stated above, et 2 frm. | 1 |
| 90 7 20 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows: | |
| 8. Trade, profession, or particular | Well as follows. | ate of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | Chronic myocarditis and negocardial | |
| SAW MILL, BANK, etc | degeneration. | 1930? |
| SAW MILL, BANK, etc | | |
| this occupation (month and year) occupation ———————————————————————————————————— | | |
| ~ Oa . C | Other Contributory Causes of importance: | |
| (State or country) | arterioschrosis | 1977 |
| 13. NAME Laborated | / | -1-4 |
| The state of the s | | |
| (State or country) | Name of operation Date of | |
| 15. MAIDEN NAME D- A | What test confirmed diegnosis? Was there en euto | psy! |
| nn. | 23. If death was due to externel causes (VIOLENCE) fill in also the following: | 10 |
| E (State or country) | Accident, suicide, or homicide? Date of injury Where did injury occur? | ., 19 |
| lat , cf in | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE | |
| (Address) | Specify whether injury occurred in INDOSTAT, in NOME, of the Public PLACE | |
| 8. BURIAL, CREMATION, OR REMOVAL | Manner of Injury | |
| Place Vise Itall Compete Class 10, 19 5 5 | Nature of injury | |
| 9 - St. 9 | 24. Was disease or injury In any way releted to occupation of deceased? | |
| 19. UNDERTAKER ATTO SHAPE AND SHAPE | If so, specify \mathcal{Q} | |
| Out a set laborate mill | (Signed) / 1/Couraches | M. D. |
| 20. FHEO CO T., 1922 JOSEP WILLIAM Registrar. | (Address) Combelland, Md. | |
| | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 1. PLACE O | F DEATH | WITHIN | CHREORA, | | DEATH | 0043 |
|----------------------------|--|----------------------|------------------------------------|--|----------------------------------|-------------------|
| County | allegan | u | THE POST A 1 | ATS 91 | Registration Dist. No | 4 |
| Village or (| FA AL | un | | No. miners to | speta SI | Ward |
| | | | | death occurred in a hospital or institution, | | and number) |
| Length of res | sidence in city or town where | death occurred. | yrsyrs | ds. How long in U.S. if of fore | ign birth?yrs | mosds |
| 2. FULL NA | ME Baky | Lu | ego | If U.S. Veteran specify | WAR. | |
| (a) Resider | nce: No. 80 01 | Mes | | St., Ward. | | |
| PERSON | NAL AND STATIST | (Usual place | | | If nonresident give city or town | |
| 3. SEX | 4. COLOR OR RACE | 1 | RIED, WIDOWED, | 21. DATE OF DEATH | THICATE OF DEATH | -1 |
| nale | 1. COLOR OF RACE | OR DIVORCE | (write the word) | 21. DATE OF BEATH | et 6 | 193 35 |
| Sa. If married, widow | white | Se | gee! | (M | onth) (Oay) | (Year) |
| HUSBANO of (or) WIFE of | wed, or divorced | | | 22. AIHEREBY C | ERTIFY, That I etten | ded deceesed from |
| (01) 111111111 | | 1 | | Oct 6 19 | 35 10 Oct 6 | 1935 |
| . DATE OF BIRTH | (month, day, end yeer) | 16 19 | 135 | I lest sew harmalive on | 46 ,195 | death is said |
| . AGE Ye | ars Months | Days | If LESS than | to have occurred on the dete stated ebo | ive, at /1:40A m. | |
| | | | f day, 2 hrs. | The PRINCIPAL CAUSE OF DEATH en were as follows: | d related causes of importance | 10. |
| 8. Trade, profe | ession, or perticular work done, as SPINNER | - 1 | 1 | Orema | turit | Oate of enset |
| SAWYER | R, BOOKKEEPER, etc | Info | in T | | 11.5 | |
| 9. Industry or work we | business in which es done, as SILK MILL, LL, BANK, etc | | | | 1-11-8 | |
| f O. Date deceas | sed lest worked et | ff. Totai ti | me (vears) | | | |
| (1113 0001 | petion (month and | spar Octu | me (years) It in this pation | | | |
| | - 5h2 | Hung | | Other Contributory Causes of Important | e: | |
| (State or cou | ity or town) | mad | •••••••• | | | |
| 13. NAME | Ges Lin | o as | 21 | | | |
| | Ca | Slan 1 | 1 | Name of operation | D.4. | |
| (Stete o | E (city or town) | ma | <i>k</i> | What test confirmed diegnosis? | Date of Westberry | |
| 15. MAIDEN NA | AMES el Re | miso | Polisa | 23. If death was due to external ceuses (| | |
| 15. MAIOEN NA | 50 | Henry | 101 | Accident, suicide, or homicide? | | |
| (Stete o | E (city or town) | md- 1 | / | Where did injury occur? | Date of mjury | |
| | h. f. | | | | Specify city or town, county and | State) |
| 7. INFORMANT (Address) | es The | | Smd | Specify whether injury occurred in 190 | osiki, ili nome, di ili rublic | PLACE. |
| | TION, OR REMOVAL | 161 | 1 | Menner of injury | | |
| Place | iralung. | Date | , 1931 | Nature of Injury | | |
| O UNIOCOTA VED | 1.4/12 | nor | | 24. Was disease or injury in any wey re | | |
| 9. UNOERTAKER (Address) | 11-5 | rosthur | o such | If so, specify | deceased. | |
| 20 5450 10/6 | 350. | R Mal | 1 | (Signed) MOM | done | M. I |
| 20, FILED. | , 1944 | | Registrar. | (Address) | thus & Dr | 1 d |
| - | If more | blanks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requests | ing V. S. No. | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| BUREAU | J. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 N. B.

| STATE O | F MARYLAND—CERTIFICATE OF DEATH | 10650 |
|---------|---------------------------------|-------|
| DEATH | | |

| 1 | - PLACE O | | r H Allegan | ıy | HTHIN CORP | ORATE LIMITS (15-50) Registration Dist. No. | 1 |
|--|---|---------------|-------------------------------------|---------------------------------|--------------------------------|---|--------------|
| | | | y or town where | | yrs,mos | No. Allegany Hospital St., 4 death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth? yrs. mos. | Ward |
| 2 | (a) Reside | | Mare | aret.Ma Paule (Usualplace | by Ter | If U.S. Veteran specify WAR | |
| | PERSON | NAL ANI | D STATIST | ICAL PART | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| - | Female | | or RACE | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED, | 21. DATE OF DEATH Oc t. 25 1935 | 93 |
| 5a. | If married, widow HUSBAND of (or) WIFE of | ved, or divor | reed | 1305 | | (Month) (Day) 22. HEREBY CERTIFY That attended day 23. 19.33, to 25. | (Year) |
| 5. E | ATE OF BIRTH | (month, day, | end year) Ja | n. 6th. | 1926 | flast sew he elive on OCX 25 1933 | |
| | | 9 | Months 9 | Days 23 | If LESS than 1 day,hrs. ormin. | to have occurred on the date steted above, at | |
| | 8. Trade, profe | work dona, a | rticular is SPINNER, PER, etc | Sc | hool | Greceded by a sorethrost of two weeks duration. | ata ol onsei |
| | 9. Industry or | | which | £te | edeset | Cente Housertrance | asinati |
| CCOLVIION | 10. Date deceas | ed last work | ed et | Sp2 | ime (years) nt in this upetion | sinth blood corning from both wateres | of |
| 2. | | ty or town)_ | | Pa | | Other Contributary Causes of importance: | 20 |
| | 13. NAME | | rv.E.Ma | 200 | | Menice Course | |
| 1 | 14. BIRTHPLACI | | vn) | REA | | Name of operation | |
| İ | 15. MAIDEN NA | | atherin | TOH OF | | What test confirmed diagnosis? Was there an auto | psy? |
| | i | | vn) | Mo | | 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? | 19 |
| 16. BIRTHPLACE (city or town) MG (State or country) 17. INFORMANT Mrs William Hay (Address) Cumberland Md | | | | | | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 8. | BURIAL, CREMAT | on, or re- | MOVAL PICKS | Date | .28.1935 | Manner of injury | |
| John . C. Wolford 19. UNDERTAKER Cumberland . Md | | | | | Md | Nature of injury24. Was disease or injury in any way related to occupation of deceased? | |
| 0. | (Address) | 28,19 | 35 | A Thu | Registrar, | (Signed) P Q weer (Address) P A D Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | M. C |

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| | | | | |

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FOR BINDING

IARGIN RESERVED

V. S. No. 1 N. B. of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (J3) |
| County allegant SPORATELINIT | Registration Dist. No. |
| Village or City That thea | No. 19 Grant S., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Mary Elizabeth 7 | uc quire |
| (a) Residence: No. 19 Part 3 | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | Oct 1/ 1930 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of John Joseph Mcaning | 1933 an Tell attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Was 2, 5 01856 | I last saw her alive on Oct // 1935; death is salt |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at first m. |
| 79 6 16 1 day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Date of onest |
| SAWYER, BOOKKEEPER, etc. | Chronic Haphrilis |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and strength and separation (month and separation). | · · · · · · · · · · · · · · · · · · · |
| 10. Date deceased last worked at this occupation (month and spent in this | |
| year) year 143-5 occupation | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Odesa | |
| (State or country) | Ceretral / herritorio Oct 1 |
| 14. BIRTHPLACE (city or town) | (AT SURL 1930 |
| 14. BIRTHPLACE (city or town) | Nama of operation |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| | 23. If death was dua to external causes (VIOLENCE) fill in also tha following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| 17. INFORMANT John Josephy cquere | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 19 Chantst. Thostons Tud. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place 1 Date C 14, 1993 | Natura of injury |
| 19. UNDERTAKER SCOP STOREY | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) Frostrage MO | If so, specify |
| 20. FILED // YOUR DATE OF THE PROPERTY OF THE | (Signed) M. [(Address) T. J.R. |
| Registrar. | " (Audiess) |

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1 2005 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis NOV 0 1300 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| | RE | |
|-----------------------------|----------------------------|--|
| MARGIN RESERVED FOR BINDING | INK-THIS IS A PERMANENT RI | sunnlied AGE should be stated EXACTLY. |
| K | ¥ | ted |
| F | IS | 213 |
| (VED | -THIS | ald he |
| ESE E | INK | F. short |
| E | INC | Y |
| MAKGIL | UNFADING | supplied. |

ORD. Every item of infor-

| 1. PLACE OF DEATH | W | (2) | 100 |
|--|---|--|---------------|
| County allegan | y WITHIN CO. | Registration Dist, No. | 4 |
| Village or City Culmb | beland, md | No. Allesang to both St., f death occurred in a hospital or institution, give its NAME instead of street and | Wa number) |
| Length of residanca in city or town where d | | | |
| 2. FULL NAME Coleans | Jearl Mich | uckee If U.S. Veteran specify WAR. | |
| (a) Residence: No. P. A.D. ± | +2 Baltimore Pi | ke St. Ward. | |
| | (Usual place of abode) | If nonresident give city or town and | d State |
| PERSONAL AND STATISTI | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Female Thite | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 (Yaar) |
| 5a. If marriad, widowad, or divorced HUSBAND of | | | |
| (or) WIFE of | | 22.7- 1 HEREBY CERTIFY, That I attended | daceased fi |
| 6. DATE OF BIRTH (month, day, end yaar) | Tor 15 - 1920 | lest saw h alive on (0 - 2 - 13] | ; death is s |
| 7. AGE Years Months | Days If LESS than | to have occurred on the data stated above, a 3.54 p.m. | |
| F5 14 10 | 17 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causas of importance | |
| 8. Trada, profassion, or particular | Opt 1 4 | Ungrewons - ruptured | Date of on |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Ludent | / appendication à general | 1229 |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. | Ich ! | Peritoritis | - |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) | 11. Total tima (yeers) spent In this occupation | | |
| M 111. | 0 11 2.1 | Office Coutributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) / (c. Z: U.s.: (State or country) | - Balls, Lake | Julinovary inforction | 70.2 |
| 13. NAME Heliam | I may find | and sugstafactures | |
| I Is. NAME | o repuerce | Cumer de to Man - | |
| 14. BIRTHPLACE (city or town) | retting and | Name of operation Data of | 7 |
| (State of country) | 10. | What tast confirmed diagnosts Quantum Was there an | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 1 | dishers | 23. If death was due to external causes (VIOLENCE) fill in also the followin | |
| | 4.2. | Accidant, suicide, or homicida? Data of Injury | , 19 |
| (Stata or country) | B 1 | Whara did Injury occur? (Specify city or town, county and Sta | ite) |
| 17. INFORMANT ME | instice | Specify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18, BURIAL, CREMATION, OR REMOVAL | meladand | | |
| Place Till Carolle | Data Cat 6 1935 | Manner of injury Nature of injury | |
| 19. UNDERTAKER J. J. L. | wast | 24. Was disaase or injury in any way related to occupation of deceased? |) |
| (Address) Anna | Juga had | If so, spacify | |
| 20 HEDCE 4 135 | ch Stylone hil 2 | (Signad) | N |
| Mariting of the state of the st | Registrar. | (Addrass) | 10. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10 | 653 |
|--|---|---------------------------------------|
| 1. PLACE OF DEATH | 942 | , |
| County alleghany | Registration Dist No. | 7 |
| Village or City / Cumflerland | No. 12 Hansuer St., ~ | ⊘ Ward |
| Length of residence in city or town where death occurredyrsmos. | death occurred in a horpital or institution, give its NAME instead of street and second second in U.S. if of foreign birth?yrsm | |
| 2. FULL NAME Daniel Means | 1f U.S. Veteran specify WAR | |
| 10 10 11 | St. 2 Ward. | · · · · · · · · · · · · · · · · · · · |
| (a) Residence: No. (Usual place of abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male white married | 21. DATE OF DEATH (Month) (Day) | , 193 5 (Year) |
| 5a. If married, widewed, or diversed HUSBAND of (or) WIFE of Janes Pafferebarger | 22. I HEREBY CERTIFY, That I attended Susy 1934, to 10-3- | daceased from. |
| 6. DATE OF BIRTH (month, day, and year) Que 12, 1874 | I last saw h alive on | _; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at. 6A_m. | |
| 61 / 2 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Data of onset |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, Firing Gurnace SAWYER, BODKKEEPER, etc. | argin Pectoris | 10.2.35 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, BY On Data deceased last worked at this occupation (magnetic and the company). It is not the company of the compa | | - |
| 10. Data deceased last worked at this occupation (menth and 1935- spent in this occupation) | | |
| 12. BIRTHPLACE (city or town) Best or Ogenty (State or country) | Other Contributory Causes of importanca: | |
| 13. NAME Edward Means | | |
| 13. NAME BOURS Means 14. BIRTHPLACE (city or town) Belford Res | Nama of operation Data of | |
| (Stata or country) | What test confirmed diagnosis? Was thera an | autopsy? |
| 15. MAIDEN NAME CAMES Lee | 23. If death was due to external causes (VIDLENCE) fill in also the following | g: |
| 15. MAIDEN NAME AND SEE 16. BIRTHPLACE (city or town) Bucks Valley (State or country) | Accident, suicide, or homicide? Date of injury Whera did Injury occur? | |
| 17. INFORMANT Janet Means (Address) Colomberland and | (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | le) .ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Davis Who Date Oct 6 1935 | Manner of injury | 1 |
| 19. UNDERTAKER L. H. Mott | Nature of injury 24. Was disaasa or injury in any way related to occupation of decaased2 | to |
| 20. FI(EBCL 5, 1935 Jose dranklu M.D. | If so, specify (Signed) | M. D. |
| Registrar. | (Address) | 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BURGAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| | AND—CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH WITHIN | CORPORATE LIMITE (53-d) |
| County Alle f Grang | Registration Dist. No. |
| Village or City | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of town where death occurred | rrsmosyrsmosmosmos |
| 2. FULL NAME and Mis | If U.S. Veteran specify WAR. |
| (a) Residence: No. 304 (Usual place of abor | St., 3 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICUL | |
| B. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, | |
| OR DIVORCED (write | rice the word) 18 30 193 6 |
| Marie Mile | (Month) (Day) (Year) |
| ia. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. A HEREBY CERTIFY Thay I attended deceased f |
| 5. DATE OF BIRTH (ponth, day, end year) Chil 2 | 2-186 I last saw h. & alive on Och, 27, 1999; death is |
| | If LESS than to have occurred on the date stated above, et. 5.20.4.m. |
| | day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8 Trade nudresion or particular | Oate of on |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | Wel |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at his occupation (month and | Ortes-careina of line unit |
| 10. Oate deceased lest worked at 11. Total time (ye | years) Orleand meaning or tra |
| this occupation (month and spent in it year) occupetion | many and certificated |
| N. F. H. | Other Contributory Causes of Importance. |
| 12. BfRTHPLACE (city or town) for the production of the country) | The There and Town ever a Ser |
| 13. NAME aleded Ran | 1. Well |
| | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| 7 | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME James Name | 23. If death wes due to external causes (VIDL ENCE) fill in elso the following: |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mass Lagrant Dans | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| Place Date And | Nature of Injury |
| 19. UNDERTAKER J. J. Louis | 24. Was disease or injury in eny way related to occupation of deceased? |
| (Address) | If so, specify |
| 20, West 31, 193 5 frost Stand | (Signed) |
| | Registrar. (Address) The Allery In Co. |

2110000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUNEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | - 4 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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OCCUPA

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City Crawley (If death occurred in a hopital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?__ Length of rasidenca in city or town where death occurred 2. FULL NAME If U.S. Veteran specify WAR. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of Mat I attended deceased, from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days to have occurred on the date stated abova, at I day .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.____ 10 Date deceased last worked et 11. Total time (years) this occupetion (month and spent In this vear) _____ occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?-1 Dete of Injury 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURDAU Y. S. | : | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10656 |
|---|---|
| 1. PLACE OF DEATH | 942 |
| County PClea and | Registration Dist. No. |
| | |
| Village or City 744 (If | NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidenca in city or town where death occurred 6 yrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME le atherione & un alor | & Mumall |
| (a) Residence: No. | St., Ward. |
| (Usual place of above) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARKA A D MARKA AND | 22. I HEREBY CERTIFY, That I attended decessed from |
| 6. DATE OF BIRTH (month, day, and year) There 20-1870 | i last saw h feet alive on 10 11 193 ; daath is said |
| 7. AGE Yaars Month's Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 9 Trade profession or particular | Dovon any Jaroutoais Detectorsat |
| kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end 11. Total time (years) spent in this | lugalia Lectorio 2410 |
| 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) MX-Savoge md | Other Contributary Causes of Importance: |
| (State or country). 2 13. NAME MChall Curring have | |
| 13. NAME MCAUL Curring hours 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Cluster Was there an autopsy? MA |
| 15. MAIDEN NAME UM. Kelly | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or covalry) | Accident, suicide, or homicide? |
| 17. INFORMANT GAWAN A JULIAN S (Address) | Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL PLANE OCX 10., 1835 | Manner of Injury |
| 19. UNDERTAKER A DUSA (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED DEX 8 1935 The Brother M | (Signed) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 150.15 |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis OCT 28 1935 | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 12710710000070000 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

| S | TATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | 0657 |
|--|-------------------------|-----------------------|--------------------------------|---|------------------|
| 1. PLACE OF DEA | | | Outold | (160Z) | |
| County Col | Legar | W | Outoide | Registration Dist. No. 4 | |
| Village or City | inhib | Man | elity Lim | HOTH 4 Oldtown Rd St | Ward |
| Length of residence In ci | ty or thwo where d | leath occurred | (ii) | death occurred in a hospital or institution, give its NAME instead of street and | number) |
| 2. FULL NAME | Harris | | Sella 1 | anthous ong in U.S. If of foreign birth? yrs. m | osds. |
| | 1 June | OF WAR | aces of | d 17 8 + 4 (0 / | 22 |
| (a) Residence: No | 0 | (Usual place of | f abode) | If nonresident give city or town and | State |
| PERSONAL AN | D STATISTI | CAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | 2,110 |
| J. SEX 4. COLO | R OR RACE | 5. SINGLE, MARR | IED, WIDOWED, (write the word) | 21. DATE OF DEATH | 1- |
| Male n | luco | Jus | 6 | (Month) (Day) | , 193 (Year) |
| 5a. If married, widowed, or divo | rced | 0 | | | () |
| (or) WIFE of | | | | THEREBY GERT IN That lattended | deceased from |
| 6. DATE OF BIRTH (month, day | , end veer) | af 24 | -35 | I last saw hara alive on O | : death is said |
| 7. AGE Years | Months | Oays | If LESS than | to have occurred on the date stated above, at | ., ucath is said |
| 0 | 0 | 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | , |
| 8. Trade, profession, or pa | rticular as SPINNER. | do | | | Date of onset |
| SAWYER, BOOKKEE | PER, etc. | - Mars | ~ | momprission | Oof |
| work was done, as S | ILK MILL. | | - | 0 / / / / | 24 |
| 10. Date deceased lest wor this occupetion (more | ked at | 11. Total tin | ne (years) | 0 / 0 00000 | 1282 |
| year) | | | in this ation | | |
| 12. BIRTHPLACE (city or town) | | | , | Other Centributery Causes of importance: | |
| (State or country) | 97 | 200 | | | 47 |
| 13. NAME SELE | ucus | , No | rlaro | | |
| 14. BIRTHPLACE (city or to | wn) Cece | ubsil | and. | Name of operationOate of | |
| (State of country) | 0) | | mol | What test confirmed diegnosis? Church Was thera an a | utopsy?_{(4) |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or to | ues & | elead | 0 | 23. If death was due to external ceuses (VIOLENCE) fill in also the following | : |
| 16. BIRTHPLACE (city or to | wn) // Q | melas | Sand. | Accident, suicide, or homicide? | 4,1938. |
| (State of County) | 1000. | THE | 1 | Where did injury occur? (Specify whether injury occurs in the specify city or town, county and State |) |
| 17. INFORMANT (Address) | Bett | ay | 078 | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA | CE. |
| 18. BURIAL, CREMATION, OR R | EMOVAL | 0 | LY ON . | Menner of injury Defficille | inth |
| Place Sauces | Merceo 4 | White 73 | D1935 | Nature of Injury | , |
| 19. UNDERTAKER Love | is I | Guo of | ue_ | 24. Was disease or Injury in any way related to occupation of decessed? | 20 |
| (Address) | w losa | Land | gud | If so, specify | |
| 20/ FUEDO / 3 0 | 935 /06 | Mrank | Leve med | (Signed) / Class See | M.D. |
| | | | Registrar. | (Address) 2 2 V Ce | cei |
| | If more b | lanks are needed, add | dress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | I week ago |
| Chronic interstitial nephritis 400 6 100 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Name of the Association of the A | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY.

B.—WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10658 |
|--|--|
| 1. PLACE OF DEATH | ADDODATE IMITS (24-E) |
| County allega WITHIN C | Registration Dist No. |
| Village or City Complete Compl | No. 603 Warding St., Ward death occurred in a hospital or institution, give its MME instead of street and number) |
| Length of residence in city or town where death occurredyrsmop. | |
| 2. FULL NAME Engene 7. Hable | If U.S. Veteran specify WAR. |
| (a) Residence: No. 602 / Washington | St. / Ward. |
| (Usual place //abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 30 (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22.4 HEREBY CERTIFY, That I attended deceased from |
| 0 1/2 1800 | I last saw h Amaliva on OCA 30, 1935; death Is said |
| 6. DATE OF BIRTW (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trada, profession, or particular | were as follows: |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Contact of hiers |
| 9 Industry or husiness in which | Contract of the contract of th |
| work was done, as SILK MILL, SAW MILL, BANK, atc. | |
| O this occupation (month and spant in this | |
| year) occupation | Other Contributory Canses of importanca: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 13. NAME Creques (a) 14. BIRTHPLACE (cit) or town) | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Equation Graden 16. BIRTHPLACE (city or town) | 23. if death was dua to external causes (VIOLENCE) fill in also tha following: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17, INFORMANT Med Gilea Raghel | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Thereners Compate Nov. 1, 1935 | Natura of injury |
| P. A. | 24. Was dise sa or injucy in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) Silver due 440 | If so, specify |
| D + 21 () 2 10 2 | (Signed) Wulled M. D. |
| 20. Med C. 3. 1935 - Jan C. C. Carl Class Class Class Control Registrar. | (Address) 124 So Culif Lt |
| | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Les Bruther Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| 45 | Example I | [1 | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MOV 6 1985 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | AULEAU V | July 5, 1927 | Perilonitis | 3 days ago |
| | All the state of t | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | 1111 | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | -1 | | |

of OCCUPA-

| | S. PLACE OF DEA | | MARYLAND- | CERTIFICATE OF DEATH 10659 |
|---|--|---|---|---|
| | CountyA | LLEGANY | MIN CORPORT | Registration Dist. No. |
| | Village or City | | (If | No. MEMORIAL HOSPITAL St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | 2. FULL NAME | | AS RHODES | ds. How long in U.S. If of foreign birth?yrsmosds. |
| | (a) Residence: No. | | RYLAND AVENUE (Usual place of abode) | St., S Ward. CITY If nonresident give city or town and State |
| COLUMN TO A STATE OF THE PARTY | PERSONAL AI | ND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. | | OR OR RACE 5 | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED | 21. DATE OF DEATH October 22, 193 5 (Month) (Dey) (Yeer) |
| 5a. | . If merried, widowed, or div HUSBAND of (or) WIFE of | | ADIE RHODES | 22. HEREBY CERTIFY, That ettended deceased from |
| _ | DATE OF BIRTH (month, d AGE Yeers | ay, end yeer) Months | Va 1863 Vays If LESS then 1 day, | I lest saw helive on O J 1935; death is said to heve occurred on the dete steted above, at 9:25Am. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were, as follows: |
| OCCUPATION | 8. Trade, profession, or kind of work done SAWYER, BOOKKE 9. Industry or business work was done, es SAW MILL, BANK, 10. Date deceased last withis occupation (myear) | In which SILK MILL, etc orked at onth and | (上TTR 山D) 11. Total time (years) spent in this occupation | Leveleyal Lenson Lage 91/1/35 |
| 12 | BIRTHPLACE (city or town (State or country) | MISSOL | IR I | Other Coutributory Causes of importance: |
| ER. | 13. NAME JACO | B RHODES | | The Rentendini |
| FATHER | 14. BIRTHPLACE (city or (State or country) | own) MISSOI | RI | Name of operation. What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? |
| ER | 15. MAIOEN NAME | JANE SMIT | TH THE THE THE THE THE THE THE THE THE T | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or t (State or country) | own) MISS | SOURI | Accident, suicide, or homicide? Oete of Injury, 19 |
| 17 | INFURMANT | RIAL HOSE | PITAL MARYLAND | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18 | BURIAL, CREMATION, OR | il auf | Oate Poly 2/3, 1935 | Menner of injury |
| 19 | UNDERTAKER OF | eis) Stee | To fue | 24. Was disease or injury In eny way related to occupation of deceased? 220, |

WILLIAMS

(Address)

V. S. No. 1

B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | | Example II | |
|--|--|--|------------|
| The principal cause of death and related causes of importance were as follows: | The second secon | The principal cause of death and related causes of importance were as follows: | |
| | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis MOV B 1453 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 N. B.—V

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 0660 |
|---|---|-----------------|
| 1. PLACE OF DEATH | PORATE LIMITE (34) | |
| County allegary WITHIN CORP | Registration Dist. No. | 4 |
| Village or City Leulund (IF | No. 449 Race St., 6 death occurred in a hospital or institution, give its NAME instead of street and | number) Ward |
| | ds. How long in U.S. If of foreign blrth?yrsm | |
| 2. FULL NAME Pllie 03 1Tygs | If U.S. Veteran specify WAR Houlds No | |
| (a) Residence: No. 449 Rass (Usual place of abode) | St. 6 2 Ward. If nonresident give city or town and | d State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOVORCED (write the word) | 21. DATE OF DEATH Oct 12 | , 193 5 |
| a. If married, widowed, or divorced | (Month) (Oay) | (Yeer) |
| HUSBANO of (or) WIFE of | 22. DOLHEREBY CERTIFY, That I attended | deceased from |
| 5. DATE OF BIRTH (month, day, and yeer) Make 12 1895 7. AGE Years Months Days III FSS than | I last saw h and alive on Del 133 | ; deeth is seid |
| 40 } 1 dey,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows: | Oate of onset |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | L. W. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | alpelled | abou |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | 1919 |
| | | - |
| this occupation (month and spant in this occupation caupation | | - |
| 12. BIRTHPLACE (city or town) arkusana | Other Contributory Causes of importence: | |
| (State or country) | ankanyon Matu | Tilon |
| 13. NAME Charles River | Jacky Jacky | 1733 |
| 13. NAME Charles Riggs 14. BIRTHPLACE (city or town) Tagas Amille | | |
| (State or country) | Name of operation Oate of Oate of | 0.1 |
| 15. MAIOEN NAME Ida Jan Shusur 16. BIRTHPLACE (city or town) Dallas | What test confirmed diagnosis? Wes there en | |
| Dell'as | 23. If death was due to external causes (VIOL ENCE) fill in elso the following | g: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury | , 19 |
| II I Pages | Where did injury occur? (Specify city or town, county and Sta | te) |
| 7. INFORMANT TO CARLO MAY MAY MAY MAY MAY MAY MAY MAY MAY MAY | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL | ACE, |
| 8. BURIAL, CREMATION, OR REMOVAL med | Manner of injury | |
| Plece Mittesman Oate Oct 13, 19.95 | Nature of injury | |
| 9. UNDERTAKER Pleases Their Constitution (Address) | 24. Was disease or injury in any way related to occupation of deceased? | nu |
| 20. West 15, 1935 July Stranklin Mil | (Signed) NRBOWCHZ | M. D |
| Registrar. | (Address) - S. S. V. Charles Street, Baltimore, Requesting V. S. No. 1. | ~~ |

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows; | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1832 | 81 | | |
| Other contributory causes of importance: | / | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

ż

of OCCUPA-

| STATE OF | MARYL | AND-CERTIFICA | ATE | OF | DEATH |
|----------|-------|---------------|-----|----|-------|
|----------|-------|---------------|-----|----|-------|

10661

| STATE OF MARTERIES | CERTIFICATE OF BEATTY |
|---|--|
| 1. PLACE OF DEATH | OODATE LIMITE O |
| County College | Registration Dist. No. |
| P B 00 1 | No St. 4 Ward |
| Village or City (If | death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2 FILL NAME Quemerin Belle Rul | S. Veteran specify WAR |
| 7 FOLE NAME W \ 0 # \ 11.00. W | 1 |
| (a) Residence: No. d. 7 (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | Oct. 10 193 5 |
| | (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. A I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of None | Oct 3 195-10 Oct 15 19 30- |
| 6. DATE OF BIRTH (month, day, end year) Al 1931 | Hast saw h alive on 6 4 11 19 3 death is said |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et. 1,200 m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 4 6 0 ormin. | were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, es SPINNER, | |
| SAWYER, BOOKKEEPER, etc. | Supplied Tella 19824 |
| 9. industry or business in which work was done, es SILK MILL, | 0 1 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month end spant in this | |
| | |
| year) occupation | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 13. NAME Malinis D. Pobrustis | |
| 14. BIRTHPLACE (city or town) Clauseus (State or country) | Name of operation Date of |
| [State or country] | What test confirmed diagnosis? Charles Was there an autopsy? |
| | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?, 19, 19, 19 |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Melinia A) . Labour I.E. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Lettle Valley Rd Md | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Plece MI Tope a Bate Och 14, 19 30 | Neture of injury |
| 211 | 24. Was disease or injury in eny way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify |
| a live to the total total | |
| 20 Auste 14, 1935 fresh hankley, MA | (Signed) M. D. |
| Registrar. | (Address) 65 Cashamb |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis NO 6 1999 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The second secon | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Arteriosclerosis Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

of OCCUPA-

Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAINLY,

of infor-

RD. Every item

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 13 | 10 | 10 | 03 | |
|-----|----|-----|-----|-----|--|
| 1 | 0 | (3) | (1) | 15 | |
| -44 | ~ | 1 | 0 | 4.7 | |

| | OF DEATH Allega | anv | , WIT | HIN CORPO | RATE LIMITS Registration Dist. No. | 4 |
|---|--|------------|--|-------------------------------------|---|-----------------|
| Village or | city Cum | berl | and Md | | No. St., 4 death occurred in a hospital or institution, give its NAME instead of street and no. 4 ds. How long in U.S. If of foreign birth? | |
| 2. FULL N | AME G | race | Shaffe | r | If U.S. Veteran specify WAR | |
| (a) Resid | ence: No. A | rtem | as Pa (Usual place | | St., Ward. If nonresident give city or town and S | State |
| PERSC | NAL AND STA | TISTI | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Femal | 4. COLOR OR RA | | 5. SINGLE, MARI OR DIVORCED Sing | RIED, WIDOWED, D (2015 the word) | 21. DATE OF DEATH Qet. (Month) (Day) | 1934 (Year) |
| 5a. If married, wid HUSBAND of (or) WIFE of | | | Suamer | | 22. I HEREBY CERTIFY. That I attended d | leceased from |
| 6. DATE OF BIRT | H (month, day, and yea | n Jar | 20.19 | 920 | I last saw her aliva on Det 1, 1935 | ; daath is said |
| 1 | Years Mo | enths 8 | Days 12 | If LESS than 1 day,hrs. ormin. | to have occurred on the data stated above, at | Date of onset |
| O SAWY | ofession, or particular of work dona, as SPINF ER, BOOKKEEPER, atc. or business in which was dona, as SILK MIL MILL, BANK, etc | | School | L | 3y phoid Furn | 8-15- |
| | nasad last workad at ecupation (month and | | sper | ima (yaars) ntin this upation | | ~~~~ |
| 12. BIRTHPLACE (State or o | (city or town)ountry) | | Pa | | Other Centributory Causes of importance: | |
| □ 13. NAME | William. | Sha | ffer | | | |
| | ACE (city or town) | | Pa | | Name of operation Date of Date of What test confirmed diagnosis? Labora for Was there an a | |
| 15. MAIDEN | NAME Anni | e. 9 | mith | | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 6 16. BIRTHPLA | ACE (city or town) | | Pa | | Accidant, suicide, or homicide? Date of injury Where did injury occur? | |
| 17. INFORMANT _ (Address) | A 1 | | Shaffer Pa | 3 | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| | ATION, OR REMOVAL | | Data Oct | 4.1935 | Manner of injury | |
| 19. UNDERTAKER (Address) | Eph S Artema | | Pa | | 24. Was diseasa or injury in any way related to occupation of deceasad? | uo |
| 20. EUED-C.T. | 2 , 1925 | Gas | 3 Frans | klin, M. A. Registrar. | (Signed) withur to frould (Address) 40 h. Library 51. | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i i | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 6 | July 5,1927 | Perilonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 N. B.—I

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10664 |
|--|---|
| 1. PLACE OF DEATH | |
| County allegany | Registration Dist. No. |
| Village or City Lefthers ma | No. Movel Affairment St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | |
| 2. FULL NAME Scabella Heland | Shaer |
| (a) Residence: No Cutesde for a coming !: | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Oct. 29, 193 5 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of Core WIFE of Potent Server Shaw | 22. I HEREBY CERTIFY. That Lattended deceased from October 12 1935 to October 29 19 35 |
| 6. DATE OF BIRTH (month, day, end yeer) Sef. 27, 1890 | I last saw here elive on Oct 39, 1935; death is said |
| 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at 3. TO L.m. |
| 45 / 2 · 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows: |
| 8. Trede, profession, or particular kind of work done, es SPINNER, Louisework, SAWYER, BDDKKEEPER, etc. | Date of onest |
| kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and | Continuo of |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | Wilding Wille Cocow 1737 |
| 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this 30 Mg | |
| Charles of the control of the contro | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME Welles Wels . | |
| 14. BIRTHPLACE (city or town) I and so the | Name of operation lutedinal Resistion Date of 10/28/35 |
| (crait of country) | What test confirmed diagnosis? Operative Wes there an autopsy? 200 |
| 15. MAIDEN NAME Janes Thompson 16. BIRTHPLACE (Otty or town) Sheet Lange | 23. If death was due to externel causes (VIOLENCE) fill in also the following: |
| [16. BIRTHPLACE (City or town) Scalland | Accident, sulcide, or homicide? Date of injury, 19 |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Steel & hand, | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| Place Mecard Ma Date My 1930 | Nature of injury |
| 19. UNDERTAKER N.S. Goal | 24. Was disease or injury in any way related to occupetion of deceesed? |
| (Address) Lanaconcel MA. | If so, specify O |
| 20. FILED 30 , 19 3 C Q. R. Halm. | (Signed) (Address) Angleure Angle |
| If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

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| | Example 11 | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5, 1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1 N. B.—

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10065 |
|--|--|
| 1. PLACE OF DEATH | 210-m |
| County Allegany | Registration Dist. No. |
| Village or City Bree Los (If | No. St., Ward death occurred in a horpital or institution give its NAME instead of street and number) |
| Length of residence in city or town whera death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Omes & Summo | . If U.S. Veteran specify WAR. |
| (a) Residence: No. (Usual place of abode) | St., Ward. Taylong St. If nonresidat give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE. OR DIVORCED (wirtle the word) Male Male Market D. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirtle the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of matthe Regional | 22. I HEREBY CERTIFY, That I attended deceased from ,19, to |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) | I last saw h alive on |
| 13. NAME PRACE Symmons 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| (State of County) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary Helmick 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occurred: (Specify only or town, county and State) Specify whether jajury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 17. INFORMANT (Address) Rawlings | Tublic Highway |
| 18. BURIAL, CREMATION, OR REMOVAL Place Lawrence | Manner of injury Automobile access into |
| 19. UNDERTAKER Jose Stain Sac. | 24. Was disaasa or injury in any way related to occupation of deceased? |
| 20. FILED / 1/4 , 19 31 - Ne S. Ummust. | (Signed) LUS Darslus and Lorenzo. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 100 5 1695 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10666 |
|--|--|
| 1. PLACE OF DEATH | 82:0 |
| County allegany | Registration Dist. No. |
| Village or City Shalt Crud. | PIN PIN |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 30 yrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mining Sittes | |
| 80 1-6 5 12 | Ct Word |
| (a) Residence: No. | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, | 21. DATE OF DEATH |
| Female White OR DIVORCED write the word | 94 1932 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBANO of Cor) WIFE of ALCOD. | 22 HEREBY CERTIFY, That attended deceased from |
| William Sitting | 1035 , 10 0 7 - 19.35 |
| 6. DATE OF BIRTH (month, day, and year) Qua. 18 (1856 | I last saw here alive on Ott 5 , 1933; death is said |
| 7. AGE Years Months Oays If LESS than | to heve occurred on the date stated above, at 6 |
| 79 1 19 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8 Trade profession or particular | Witten - Salesses Date of onset |
| kind of work done, as SPINNER, Souse Works | Auposteno is |
| 9. Industry or business in which | |
| kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this eccessed lest worked at this excessed in the second in this excessed in the second in the second in the second in this excessed in the second in the se | |
| 10. Date deceased lest worked at this occupation (month and spent in this | |
| this occupation (month and yeer) | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) Froatlying | Le A Cose Kal Kennerhen & |
| (State or country) | Let Some blesse |
| 13. NAME Parad Brode | The state of the s |
| 13. NAME Courad Stode 14. BIRTHPLACE (city or town) | No. of court is |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diegnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Coleans Some Some Some Some Some Some Some Some | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Oate of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Munic Paroce | Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Shaft rude. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Clegary Oat Cl. 7, 1935 | Nature of injury |
| 19. UNDERTAKER Jacob Haker | 24. Was disease or injury in eny wey releted to occupation of decesed? |
| (Address), I Frustburg und. | If so, specify |
| 10/9 10/9 135 QR Halky | (Signed) M. O. |
| 20. FILEO Registrar. | (Arldress) |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Balimore, Requesting V. S. No. 1. |

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| | Example II | | |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5, 1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

ż

should state

10667

| 1. PLACE OF DEATH | 2 WITHIN COR | PODATE LINE | |
|---|--|---|----------------------|
| County Colle | other - | Registration Dist No. | 04 |
| Village or City | herlofud | No. 801 Japyelle | Egg, 6 - 2 Ward |
| Length of residence In city or town when | | | ds. |
| 2. FULL NAME FLASS | ie E. Small | wood If U.S. Veteran specify WAR | |
| (a) Residence: No | Papayette Re | Pest 6 Ward. If nonresident give gily o | or town and State |
| PERSONAL AND STATIS | 1 / // | MEDICAL CERTIFICATE OF D | EATH |
| 3. SEX 4. COLOR OF RACE | 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the world) | 21. DATE OF BEATH Liber 2 4 | / 19335 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 7 Smallwood | 22. I HEREBY CERTIFY, That | ` ` ` ` |
| 6. DATE OF BIRTH (month, day, and year) | July 8 1873 +879 | I last saw h. S. alive on COX 2 4 | |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at | |
| 6263 9 | 23 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows: | rtance Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | at Home | Endweardite | 24 for |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Housework | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spant in this occupation | | |
| | med. | Other Contributory Canses of importanca: | |
| 12. BIRTHPLACE (city or town) (Stata or country) | | the bound of | take |
| 13. NAME Jamuse | Reeser | and rapping | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Ind | Name of operation | Date of |
| 15. MAIDEN NAME | da Four | 23. If death was due to external causes (VIOLENCE) fill in also the | |
| 16. BIRTHPLACE (city or town) | 21/ | Accident, suicide, or homicide? Date of Inj | |
| (State or coupty) | 119: | Where did injury occur? | |
| 17. INFORMANT 3 5.0 K - St. | nallygod | (Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in | |
| 18. BURIAL, CREMATION, OR REMOVAL | Data Oct 27 19.35 | Mannar of injury | |
| 19. UNDERTAKER Souis | Stoir Luc | 24. Was disease or injury in any-way related to occupation of de | eceased? ho |
| (Addressed All Pare | I md. | If so, specify | 4 |
| 20, FAED CT 22 4 1935 Ja | P. Franklen Bol | (Signed) Ource | |
| | Registrar. | (Address) Cumbral | and thes |

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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| Example I | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis NOV 8 1935 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BURDAN V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|--|--|
| In authority to change date of birth | |
| see copy of filed make Intelligent | |
| | |
| | |

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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 weck ago | |
| Chronic interstitial nephritis NOV 6 1953 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| WWW | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| WRITE PLAKIN, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | JAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|--|--|--|---|
| IS A PERMANENT | stated EXACTLY | properly classified. | certificate. |
| UNFADING INK-THIS | upplied. AGE should be | terms, so that it may be | e instructions on back of |
| WRITE PLANTY, WITH | nation should be carefully s | AUSE OF DEATH in plain | TON is very important. See instructions on back of certificate. |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10669 |
|--|---|
| 1. PLACE OF DEATH | |
| County allegans WITHIN CORPO | DRATE LIMITS Registration Dist. No. |
| Village or City Lebest Select | No. 513 Fedders Chr. St., # Ward death occurred in a hospital of institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrsAmos | |
| 2. FULL NAME Cora May Juni | If U.S. Veteran specify WAR |
| (a) Residence: No. 513 Prederide | St. 4 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Where | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Foliate Wint Amutles | 22. A HEREBY CERTIFY That Pattended decessed from |
| 6. DATE OF BIRTH (month, day, and year) Left 28. 1874 | 1 lest saw h A alive on S 1, 19 35; deeth is said |
| 7. AGE Years Months Days If LESS then | to heve occurred on the dete stated above, etm. |
| 61 0 11 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es tollows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | 16 somo ma |
| S. Hale, profession, or partners, sawyer, BookKeeper, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month end this prognation of month end this prognation of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in this security of the same in th | 7 |
| work wes done, as SILK MILL, | f managading |
| 10. Date decessed lest worked at this occupation (month end spent in this | <i> </i> |
| year) occupetion | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (Stete or country) | |
| 13. NAME Harry Frekers | g. mg. x |
| 14. BIRTHPLACE (city or town) | Name of operation 2 all the same 4-15-3 |
| (Steta of country) | Whet test confirmed diagnosis? Lale falling, Was there an eutopsy? # 1 |
| 15. MAIDEN NAME Mary Milleans 16. BIRTHPLACE (city or town) | 23. If deeth wes dua to externel causes (VIOL ENCE) fill it elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (Stata or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT CALL OF A CONTROL | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Pleca / Cre / tel Cegate CEV 1 V , 1935 | Nature of injury |
| 19. UNDERTAKER Journ Black des | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. RILE & J. 1935 Jankhy M. 1. Registrar. | (Signed) & J. Milliam mm J. M. D. (Address) makeraland MA |
| · · · · · · · · · · · · · · · · · · · | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | NOV 6 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nep. | hritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | EN DEAL A.S. | July 5,1927 | Peritonitis | 3 days ago | |
| | 1 | . 9 | | | |
| Other contributory c | auses of importance: | 114 111 5.0 | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

V. S. No. 1

| | STATE C | OF MARYLAND- | -CERTIFICATE | OF DEA | TH | 0070 |
|------------|--|---|--|----------------------|---------------------|------------------|
| 1 | 1. PLACE OF DEATH | WITHIN COR | CHAIL LINETS 210-1 | m | | , |
| | County Allegan | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | Registration | | 4., |
| | Village or City Cumber 1 | and. Md | No. Allegany (If death occurred in a hospital or institu | | | Ward |
| | Length of residence in city or town where d | leeth occurredyrs,n | | | | |
| | 2. FULL NAME Richa | rd.Lyle.Smith | If U.S. Veteran spe | cify WAR | 5 | |
| | (a) Residence: No. 211 | (Sailroad | - St., 3 Ward. | | | |
| - | PERSONAL AND STATIST | (Vsual place of abode) | MEDICAL C | If nonresident | give city or town | |
| 3. | SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | | | |
| 4 | Male White | OR DIVORCED (write the word) | and british the control of the contr | Oct.27 | | , 193 |
| 5a. | . If merried, widowed, or divorced | | | (Month) | (Day) | (Year) |
| | HUSBAND of (or) WIFE of | | 22 OC THEREBY | CERTIE | Y. Thet ettend | ed deceased from |
| | DATE OF BIRTH (month, dey, end year) | ov.11.1924 | I last sew h alive on | 000 |) 19 | S death is seid |
| - | AGE Years Months | Days If LESS then | to have occurred on the dete state | ed above, et 115 | Pro | , ueath is seid |
| ď | 10 11 | 16 1 day,hr | The PRINCIPAL CAUSE OF DEAT were as follows: | TH end related cause | es of Importence | 10. |
| N | 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | chool | | | * | Date of onset |
| OCCUPATION | SAWYER, BOOKKEEPER, etc | CHOOL | Coellyton | 40 | onle | |
| UP | work was done, es SILK MILL, SAW MILL, BANK, etc. | | 16 Court | THE Y | 100a | 212 |
| 000 | 10. Dete deceased last worked at this occupation (month and year) | 11. Totel time (years) spant in this occupation | of Shell | Loces | alla | <u></u> |
| 12 | . BIRTHPLACE (city or town) | Md | Other Contributory Causes of Impo | ortance: | ee, | |
| 16. | (Stete or country) | | | | | |
| IER | 13. NAME Carl. Smith | | | | | |
| FATHER | 14. BIRTHPLACE (city or town) | Md | Neme of operation | DOC | Dete of | |
| _ | (State or country) 15. MAIDEN NAME Rachal.M | organ. | Whet test confirmed diagnosis? U. | 11 | Wes there | |
| MOTHER | | Md | 23. If death was due to externel cau | ISER VIOLENCE) fil | I'm also the follow | ring |
| MO | 16. BIRTHPLACE (city or town) (Stete or country) | *************************************** | Accident, suicide, or homicide | ulle | Date of Injury | 19, KV |
| 17 | Mrs.Cecil.P | erdew | Specify whether Injury occurred | (Specify city or | town, county and | PLACE. |
| 1// | (Address) | Md | 1 9×1 1×1 | Me | 1-0 | |
| 18. | BURIAL, CREMATION, OR REMOVAL | 0-+ 30 1036 | Menner of injury | hey | Sulta |) . |
| - | Place Hill.Crist. | | Nature of injury | ayer | 8-0) E | |
| 19. | . UNDERTAKER John.C. | rland. Md | 24. Was disease or injury n any w | ay related to occupa | ation of deceased?. | us |
| | 118 Lan act | 02. // 2 | If so, specify (Signed) | 1 | 1000 | 10-16 |
| 20. | tun ct 39, 1935 fa | Souther !! | (Address) | alla | las | 2 |
| | If more | blanks are needed, address State Registra | tr. 2411 N Charles Street, Baltistore, Re | rauesting T) S. No. | 7. | 7- 0 |

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| Chronic interstitial nephritis | 921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Faly 5, 1927 | Peritonitis | 3 days ago |
| (4) | 2, 3, | | |
| | 10, 40 | 3 | |
| Other contributory causes of importance: | W & | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | 1/ | | |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS ATTEGANY

| d | print. | loon, | | |
|---|--------|-------|----|---|
| | B | A | 1 | 1 |
| | r | ű. | | l |
| | ž | 4.1 | ٠, | / |

FOR BINDING

IARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH

County

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLA N. B.

| | City CUMBERT | | T () | L HOSPITAL St. Control of the street and st | d number) |
|---|--|---|-------------------------------------|--|-----------------|
| | nce: No. MID | A SPIKER LAND, MD. (Usual piace | L | St., Ward. If nonresident give city or town at | nd State |
| PERSO | NAL AND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| J. SEX FEMALE | 4. COLOR OR RACE WHITE | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH 2I, 1935 (Month) (Day) | , 193 (Year) |
| 5a. If marriad, wido HUSBANO of (or) WIFE of | EDGAR SPIK | ER | | 22. SHEREBY CERTIFY, That Lattande | d deceased from |
| | (month, day, and yaar) TIC. ers Months | Days Days | If LESS than I day,hrs. | to have occurred on the data stated abova, at | ; death is said |
| SAWYER 9. Industry or work we SAW MI | ession, or particular work done, as SPINNER, ROOKKEEPER, etcHO business in which as done, as SILK MILL, ILL, BANK, etc | | | If Carenia | Date of onset |
| 12. BIRTHPLACE (c (Stata or cou | upation (month and ity or town) | LAND NALD | tima (yeers) int in this upation | Other Contributory Causes of importance: The client frequency for first frequency for the contributory of | aling |
| 15. MAIOEN NA | r country) | PEARSON | | What test confirmed diagnosis? Was there and the following Accident, suicide, or homicida? Date of injury | autopsy? x2-p |
| (State or country) 17. INFORMANT_MEMORIAL_HQSPITAL (Address)CHMBERLAND_MD. | | Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 18. BURIAL, CREMA Place 221 | TION, OR REMOVAL | DateOct | 23,135 | Manner of injury | |
| 19. UNOERTAKER (Addrass) | Barto 23,1999 | Wall Man | A Mh Mh | 24. Was disaasa or injury in any way related to occupation of dacaased? | M. W. |
| .WILSON | If more | blanks are needed, | | 2411 N. Charles Street, Balismore, Requesting U. S. No. 1. | - drift |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| aripeats V | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| A. A. | STATE OF MARYLAND | CERTIFICATE OF DEATH 10672 | |
|--|--|---|--|
| info | 1. PLACE OF DEATH | 159 | |
| | County allegery, | Registration Dist. No. | |
| item of should of OCC | Village or City THISTHING | No. Miners Hos Hrontstyng Ward | |
| | Langth of residanca In city or town where death occurredyrs, | (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsds. | |
| CORD. Every PHYSICIANS oct statement | 2. FULL NAME Bake Bon Store | Ter If U.S. Veteran specify WAR. | |
| SIC: | (a) Residence: No. | St. Ward. | |
| RITE | (Usual place of abode) | If nonresident give city or town and State | |
| RECO. PH. Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| TY . | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor | | |
| INDING RMANE! X A C T classified | 5a. If married, widowad, or divorced HUSBAND of | Name of the state | |
| | (or) WIFE of | 22. HEREBY CERTIFY, That I ettended decessed from 10-27-379 to 10-27-30 19 | |
| | 6. DATE OF BIRTH (month, dev, and year) 10 - 27 - 35 | I last saw have alive on 10-27-7-5, 19 deeth is said | |
| PI PI PI PI PI PI PI PI PI PI PI PI PI P | 7. AGE Years Months Days If LESS th | | |
| FOR B. IS A PE stated E properly certificate | | The PRINCIPAL CAUSE OF DEATH and related causas of importance | |
| - 10 | 8 Trada profession or particular | Date of onset | |
| ED HIS | SAWYER, BOOKKEEPER, etc. | 7 mos-not Viate | |
| RVI ould may back | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et this occupation (month and | | |
| NK NK it | 10. Date deceased last worked et this occupation (month and spent in this | | |
| RE I | year) occupation | Other Cantributary Causes of importance: | |
| . 4 | 12. BIRTHPLACE (city or town) Hooling | | |
| GIN FADI ied. ns, se | (State or country) | | |
| 40: has D. W | 13. NAME LO Kon Stakes 14. BIRTHPLACE (city or town) - Eskhal mo | | |
| TH U y sul ain t | 14. BIRTHPLACE (city or town) | Neme of operation | |
| | | What test confirmed diegnosis? | |
| ir | 15. MAIDEN NAME Havin Wile Schoone | 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? | |
| E E | State or country) | Where did injury occur? | |
| | 17. INFORMANT Se Roy Stirky (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| F-7 (0) | 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury | |
| on s SE | Place Ecff ATT Grate Date 10 -27 19 | Nature of Injury | |
| -WRITE mation s CAUSE TION is | 19. UNDERTAKER & St. balls | 24. Was disease or injury In any way related to occupation of deceased? | |
| No. 1 | (Address) Hrolling my | If so, spacify | |
| wi - (| 20. FILED 10/27 19 ST a RMalkin | (Signed) W. alfred Von Olmes M.D. | |
| > Z | Registra | 17. (Addrass) Hosthung Tack | |

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| Example I | | | Example II | | |
|--|---|---------------|--|---------------------------------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | NOV 8 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |

| M) | m ollo | |
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| | ite: | |
| | Every CIANS tement | |
| | RD. YSI | |
| 1 | N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC | |
| כלז | L'A | |
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| 1000 | .—WRITE PLARKLY, WITH UNFADING INK—THIS IS A PEI mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly many. | |
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| No. | m (T | |
| V. S. No. 1 | z | |
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| | County [All] all My | |
|------------|---|--|
| | William City (Milliam Carlon - 20 | Registration Dist. No. |
| | Village or City Amadoning (If | NoSt.,Wal death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of residence in city of town where death occurred / /yrs mos. | ds. How long in U.S. if of foreign birth?yrsmos |
| 2 | FULL NAME Stalland Sta | up |
| | (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| COURT | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. 5 | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| X | Male the Child | (Month) (Day) (Year) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| | with the same | , 19 , 19 , 19 , 19 , 19 , |
| | DATE OF BIRTH (month, day, and year) Sept 26, 1922 | I last saw h |
| 7. A | GE Years Months Days If LESS than I day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| _ | 8. Trade, profession, or particular | were es follows: Date of one |
| ON | Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Questot would in kend. |
| PAT | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| OCCUPATION | | |
| 0 | 10. Date deceased lest worked at this occupation (month and year) | |
| 12. | BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| ~ 1 | (State or country) | |
| FATHER | 13. NAME Condrew for Staffely | |
| FAT | 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| 2 | 15. MAIDEN NAME Pollie Todd | Whet test confirmed diagnosis? |
| MOTHER | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide: HOWWILL Date of injury /0/3, 1930 |
| žΙ | (State or country) Markand | Where did injury occur? |
| 17. | INFORMANT Mrs. Gerral Sindle | (Specify city or town, county and State) Specify whether injury occurred in INDUSTON, in HOME, or in PUBLIC PLACE. |
| 19 | BURIAL CREMATION, OR REMOVAL AS A COUNTING HE | I would righway |
| 10. | Place Cak Hill Counciery Date Oct 6 / 1935 | Neture of injury that we have |
| | In 2 . Ill | 724. Wes disease or injury in any way related to occupation of deceased? LCO |
| 19. | (Address) Gracymyg, MO | If so, specify |
| 20 | FILEDLEY. 5 35 Dr. E. Don Vaylor | (Signed) 6. Don Vay lot |
| | Kegistrar. | (Address) Sauceaung Me |

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitut nephritis 7 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

C.T.

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | |
|----------|--------------------------------|--|
| EATH | WITHIN CARROLL TE 188 ITC (31) | |

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|----|----|-----|-----|------|
| 1 | 67 | 6 | 1 | 41 |
| -4 | 0 | 1.7 | 40 | 30 |

| | 1. PLACE OF DEATH | W | THIN COR | PORATE LIMITS (B) | / |
|------------|---|--|--------------------------|--|------------------|
| | County ALLEGANY | | | Registration Dist. No. | 4 |
| | Village or City CUMBE | ERLAND | V(If | No. MEMORIAL HOSPITAL St. Co. death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| | Length of rasidanca in city or town where | daath occurred | yrsmos | . 8 hr 3s. How long in U.S. If of foreign birth?yrsn | 10sds. |
| | 2. FULL NAME WILM | MER TEETS | | | |
| | (a) Residence: No. SWAN 1 | PON MARY | LAND f abode) | St., Ward. If nonresident give city or town an | State |
| | PERSONAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | Diate |
| 3. | MALE 4. COLOR OR RACE WHITE | 5. SINGLE, MARK OR DIVORCED SING | (write the word) | 21. DATE OF DEATH October 5, | , 193 5 |
| 5a | . If merried, widowed, or divorced HUSBAND of | | | (Month) (Day) | (Year) |
| | (or) WIFE of | | | 22. HEREBY CERTIFY, That I attended | deceased from |
| 6 | DATE OF BIRTH (month, day, end year) | 10V. 12, | 1923 | | ; death is sald |
| | AGE Yaars Months | Days | If LESS then | to have occurred on the date stated above, at 6:45P.m. | _; death is said |
| | 11 10 | 23 | 1 day,hrs. ormin, | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| z | 8. Trede, profassion, or particular | | 1 01111111- | were as follows: | Date of oneet |
| 10 | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | STUDENT | | | Oct |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | 7 | Central Hemontup, | 4th |
| S | SAW MILL, BANK, etc | 11. Total tin | no (vone-) | | |
| ō | this occupation (month end | spant | t in this | | |
| | MAPS. | | | Other Contributory Causes of Importance: | |
| 12 | (Stata or country) | (LAND | | | |
| ER | 13. NAME JOSEPH TEETS | 3 " | 100 | entite reflects | |
| FATHER | 14. BIRTHPLACE (city or town) MA | RYLAND | | Name of operation Date of | - |
| _ | (Stata or country) | DDODGE | 11: | What test confirmed diagnosis? Was there an | autopsy? UN |
| HER | 15. MAIDEN NAME ETTA M. | BROBST | | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| MOTHER | 16. BIRTHPLACE (city or town) MA | ARYLAND | | Accident, suicide, or homicide? Date of injury | |
| | | | | Where did Injury occur? (Specify city or town, county and Sta | (a) |
| 17. | INFORMANT MEMORIAL HO | | DATE A NOT | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | ACE. |
| 18. | BURIAL, CREMATION, OR REMOVAL | IAND, WAI | KYLAND | *************************************** | |
| | Place Mountin Mo | Date VO | 1,35 | Manner of injury | |
| 10 | UNDERTAKER O. 7. Alle | ank lo | 10 | Nature of Injury 24. Was disaase or injury In any wey ralated to occupation of decaased? | ********** |
| 19. | (Address) | WV | 2 | If so, specify | |
| 20 | Flet 7 185 Ja | Office | 11 201 | (Signed) a P. h.) wen | M.D |
| 20, | , 10 | ar aller susker | Registrar. | (Addrass) Cumbuleung) | ud |
| 13 | If more | blanks are needed, ad | dress State Registrar, 2 | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| BIREAU V. S. | | | | |
| Other contributory causes of importance: | The second | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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| RD. Every item of i | County | her |
|---|--|-----|
| NDING RMANENT RECEIVAGE X A C T L Y. PH classified. Exact | PERSONAL AND STAT 3. SEX 4. COLOR OR PACE White 5a. If married, widowed, or divorced HUSBAND of (or) Wife of | _ |
| FOR BINDING IS A PERMANEN stated E X A C T I properly classified certificate. | 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Monty 3 | 1 |
| ESERVED INK—THIS E should be t it may be on back of c | 8. Frede, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc | 7 2 |
| ARGIN REDING Publied. AGI terms, so that instructions | 12. BIRTHPLACE (city or town) (State or country) | a |
| MARGI ITH UNFA illy supplied plain terms, | 13. NAME Tredain 14. BIRTHPLACE (city or town) (Stata or country) | 6 |
| LY, WIT carefull TH in pl | 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) | ~ |
| be be imp | mes 71hm | - |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos._ If U.S. Veteran specify WAR..... Ward. If nonresident give city or town and State TICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) I HEREBY CERTIFY. Thet I attended daceased from If LESS than Days to have occurred on the date stated abova, at 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: or____min. Date of onsat 11. Total time (yaars)
spant in this occupation_ Name of operation. What tast confirmed dlegnosis?_ ----- Was thera an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?______ Date of injury_________19. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR DEMOVAL Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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STATE OF MARYLAND-CERTIFICATE OF DEATH

| -1 | 13 | 13 | $_{\rm pring}$ | 13 |
|----|----|----|----------------|----|
| 1 | 0 | () | 1 | () |

| 1. PLACE OF DEATH | ATE LIMITE 102.01 |
|--|--|
| County allegan | Registration Dist. No. |
| Village or City Sankute al | No. Cellegang Hos efelialst., Ward |
| | death occurred in a horsital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME a Gran Trans | If U.S. Veteran specify WAR. |
| | , |
| (a) Residence: No. 606 (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (wrige the word) | 21. DATE OF DEATH Oct. 10 193,5 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of Cory WIFE of Edward Lee Transme | 22. Oct : 4 1935 to Oct : 10 1935 |
| 6. DATE OF BIRTH (month, day, and year) May 15 1903 | I last saw h C = alive on QC + 9 1935; death Is said |
| 7. AGE Years Months Plays If LESS than | to have occurred on the data stated above, at 135 a.m. |
| 3 2 4 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last workad at this occupation (month and this occupation (month and specific properties) of the programment of the second in this occupation (month and specific properties) of the programment of th | Hypostatic Cremonia: broncho 10-8-35 |
| 9. Industry or business in which work was done, as SILK MILL. | El L, |
| SAW MILL, BANK, etc | The Duration three Layer CutoR |
| this occupation (month and spent in this year) | |
| 12. BIRTHPLACE (city or town) - Westernfrot (State or country) | Other Centributory Canass of importance: |
| 13. NAME Martin Bliggard | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Clinical Was there an autopsy? |
| 15. MAIDEN NAME Ide Regleman. 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| [5] 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Whare did Injury occur? |
| 17. INFORMANT (Address) Surpline and Miles | Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Place VCD Que Date VCV , 1936 | Natura of injury |
| 19. UNDERTAKER Louis Stew due | 24. Was disease or injury in any way related to occupation of deceased? 200 |
| (Address) Cumbraland Sand | If so, specify |
| 20. Euroch 11. 19.25 January Registrar. | (Signad) Chittun 1 John M. D. (Addrass) 40 h: Cultur 1 2 4 |
| n Registrat. | The state of the s |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | · Gastroenteritis | 1 year |
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|--|------------------------|--------------|-----------------------------------|---|---------------------|
| S | TATE C | OF MAR | YLAND- | CERTIFICATE OF DEATH | 0677 |
| PLACE OF DEAT County Village or City Length of residence in city FULL NAME (a) Residence: No. | gg, a Daire | enile | yrs 4 mos | Registration Dist. No. No. St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. Lucute U.S. Veteran specify WAR. St., Ward. | Ward number) mosds. |
| (a) Nesidence. 140. | | (Usual place | of abode) | If nonresident give city or town as | d State |
| PERSONAL AND | STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| ma | Cor RACE | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attende 19 | |
| TE OF BIRTH (month, day, | and year) | Tay 15, | 1935 | I last saw h, 19, | ; death is said |
| Years | Months | Days 16 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Date of onset |
| 8. Trade, profassion, or par kind of work done, a SAWYER, BOOKKEEF 9. Industry or business In | S SPINNER, ER, atc | | | Strollenas Difautum | 9/23/1938 |
| work was done, as SI SAW MILL, BANK, et Date deceased last work this occupation (mon | LK MILL, c ed at | sper | ime (years) | <i>0</i> | , |
| yaar)RTHPLACE (city or town)_ | Ba. | | pation | Othar Coutributory Causes of Importance: | a lig |

Name of operation What test confirmed diagnosis?. Was there an autopsy? __.

23. If death was due to external causes (VIOLENCE) fiil in also the following:

Accident, suicida, or homicide?___ Whare dld injury occur?_.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury.

24. Was diseasa or injury in any way related to occupation of deceasad?

if so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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| Cerebral hemorrhage 7 1995 | July 5,1927 | Peritonitis | 3 days ago |
| L HILLIPAU V. S. | | | |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| STATE OF MARYLAND—CERTIFICATE OF DEA | STATE | OF | MARYLAND- | -CERTIFICATE | OF | DEAT |
|--------------------------------------|-------|----|-----------|--------------|----|------|
|--------------------------------------|-------|----|-----------|--------------|----|------|

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| 1. PLACE OF DEATH County Of lease | _ WITHIN CORP | ORATE LIMITS (19) |
|---|---|--|
| Village pr City Curch Curch | Kand - | ND. 7/8 Sharrage St. 3 Wai |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (1 | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occ | curred yrs mos | s. 20 ds. How long in U.S. if of foreign birth?yrsmosd |
| 2. FULL NAME Char | 20,00 | suc. |
| (a) Residence: No. | Jsual place of abode) | St., 13 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL | | MEDICAL CERTIFICATE OF DEATH |
| | GLE, MARRIED, WIOOWED, DIVORCED (write the word) | 21. DATE OF DEATH 30 1935 |
| a. If married, widowed, or divorced HUSBANO of (or) WIFE of | | (Month) (Day) (Year) 22. CHEREBY CERTIFY, That attended deceased from |
| B. DATE OF BIRTH (month, day, and year) | -11-1935 | I last saw hand alive on Old 30 1991 death is sa |
| . AGE Years Months | Days If LESS than | to have occurred on the date stated above, atm. |
| 0 0 2 | 20 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Vara | Pringry Cause: Gastre entoy tiscusto |
| SAWYER, BOOKKEEPER, etc | | Com Dilara for |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at | | man Dillo |
| this occupation (months and | 11. Total time (years) spent in this | 57 Paraela |
| year) | occupation | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) (State or country) | Onet | |
| 1 1 01 | Turana | - |
| | ^- | Nome of according |
| 14. BIRTHPLACE (city or town) (State or country) | | Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Certie E. | Construct | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Ortic E 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? |
| (State or country) | | Where did injury occur? |
| 7. INFORMANT Alweld Sur | I ma | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION OR REMOVAL Place Pellings Date | OH 31,1935 | Manner of injury |
| 9. UNDERTAKER Sterland | y Fue | 24. Was disease or injury in any way related to occupation of deceased? |
| 0, FIL Oct 30, 1935 Jak | The Ali | (Signed) / Cllim Slum M. |

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| BELLEAN T. ST. | | | |
| the same and the s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

should state

Every item of infor-

| 1. PLACE O | F DEATH | | INTEAND | CERTIFICATE OF BEATT | 0679 |
|--|---|------------------|--|---|----------------|
| County | Allegan | y V | VITHIN CURPO | Registration Dist, No. | 4 |
| Village or | city Cumbe | rland. | Md | No. Allegany Hogpital St., f death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| Length of res | sidenca in city or town whar | e death occurred | yrsmos | sds. How long in U.S. If of foreign birth?yrsyrs. | mosds |
| 2. FULL NA | #170 E | lle.Tw: | ~~ | If U.S. Veteran specify WAR | |
| (a) Reside | nce: No. Oldt | own. Mo | d. | St., Ward. | |
| PERSON | NAL AND STATIS | | place of abode) | If nonresident give city or town as | nd State |
| 3. SEX | 4. COLOR OR RACE | | MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| Female | White | OR DIVO | PRCED (write the word) | Oct 17th 1935 (Month) (Dey) | , 193(Year) |
| 5a. If married, wide HUSBAND of (or) WIFE of | Charley | Twigg | | 22. OIHEREBY CERTIFY That I attende | |
| 6 DATE OF RIPTH | (month, day, end yeer) | July 3 | 29.1872 | I last saw h er alive on Qc 7 . 17 , 193 | |
| | ears Months 2 | Days 20 | | to have occurred on the date statad above, at 10 . 30 m.Pm | |
| kind of SAWYER | ession, or particular work dona, as SPINNER, R, BDDKKEEPER, etc | House | | Bilatiral lobas quemonia | Date of onset |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | | | |
| till 3 0 ccc | sed last worked at upation (month and | 11. To | otal time (years) spent in this occupation | | |
| 12. BIRTHPLACE (c | city or town) untry) | Md | | Dthar Contributory Canses of importenca: | |
| 13. NAME | Geo . Hamil | ton. | | | |
| | E (city or town) | Md | | Neme of operation | 1. |
| 15. MAIDEN N | AME Mary .H. | arwood | | 23. If death was due to external causes (VIOLENCE) fill in elso the following | |
| 15. MAIDEN NAME Mary . Harwood 16. BIRTHPLACE (city or town) | | | | Accident, suicide, or homicide? Data of injury Where did injury occur? | |
| Edith M.Twigg 17. INFORMANT Cumberland Md | | | à | (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F | tate) LACE. |
| 18. BURIAL, CREMA | TION, OR REMDVAL | Md Date Oc | et.20.19,35 | Manner of injury | |
| 19. UNDERTAKER | John.C.W | olford rland: | -Md | 24. Was disease or injury in any way related to occupation of deceased? | no |
| 20. EUED C.L. | 18,1935 | P.H. | kankla. M. Registrar. | (Address) 40 h. Liberty 37. | М. С |

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Approximately Approximately Security Control of the | | | | |
| Other contributory causes of importance: | - OTHER | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

| | , | |
|-------|---|------------------|
| | Registration Dist. No | |
| Of | ND. St., death occurred in a horpital or institution, give its NAME instead of street and i | Ward |
| | ds. How long in U.S. if of foreign birth?yrsm | |
| 71 | 4 1 | |
| 1.6 | malat | |
| | St., Ward. 1) Tains any Mar | State |
| | MEDICAL CERTIFICATE OF DEATH | |
| D, | 21. DATE OF DEATH | |
| rd) | (Month) (Day) | , 193 (Year) |
| | (Month) (Day) | (Year) |
| | 22. I HEREBY CERTIFY, That I attended | deceased from |
| | March 24, 1935, 10 October 2 | |
| | I last saw h in alive on Oct 23 1930 | |
| han | | ., Geath 12 24th |
| hrs. | to have occurred on the data stated above, at | |
| 1. | wera as follows: | Data ol onset |
| | Penala Othershall | 7/10/2 |
| | Cerebral thrombosia | 110/30 |
| | | |
| | | |
| / | | |
| | Other Coatributory Causes of importanca: | |
| | For al subsetion | 12. 10. |
| | Focal infection | Jean & |
| | | |
| | Name of operation Date of | |
| | What test confirmed diagnosis? Thy : Experise Was there an a | utopsy? |
| 6 | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| | Accident, sulcide, or homicide? Date of Injury | |
| | Where did Injury occur? | , |
| | (Specify city or town, county and State | e) |
| | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | NCE. |
| | | |
| 34 | Mannar of Injury | |
| - 12- | Nature of Injury | |
| | 24. Was diseasa or Injury in any way related to occupation of deceased? | 6- |
| 201 | Olf so, specify | |
| | (Signed) A D Xanhula Car | M. D. |
| ar. | (Address) Heating part Ma | ′ |
| | | |

V. S. No. 1

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| | 921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| | | 41 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| 1. PLACE OF DEATH | 1 | OF MAR | WITHIN CO | Dr.R. Hodges | 0681 |
|--|------------------------------|-----------------------|---------------------------------------|--|-------------------|
| County | AII | egany | WILLIN CO | Registration Dist. No. | 7 |
| Village or City(| | | (1 | No. Memoral Hospital St. 6- f death occurred in a horpital or institution, give its NAME instead of street and m | Ward |
| Length of residence in city | or town where | death occurred | | sds. How long in U.S. if of foreign birth?yrsyrs | osds. |
| 2. FULL NAME Bal | | | | If U.S. Veteran specify WAR. | |
| (a) Residence: No. | umber | land. M. (Usual place | a | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND | STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) | | | | 21. DATE OF DEATH (Month) (Day) | , 193 5 (Year) |
| 5a. If married, widowed, or divorce HUSBAND of (or) WIFE of | d • • • | | | 22. I HEREBY CERTIFY, That I attended | deceased from |
| 6. DATE OF BIRTH (month, day, a | nd year) | ct.8th. | 1935 | I last saw h. L. w. alive on O. C. 8, 19:35 to O. C. 8 | i; death is said |
| 7. AGE Years | Months | Days | If LESS than 1 day, D Shrs. of min. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | |
| 8. Trade, profession, or perticular kind of work done, as SAWYER, BOOKKEEPER | cular SPINNER, R, etc. | - | | of remotivity | Date of onset |
| kind of work done, as SAWYER, BOOKKEEPEI 9. Industry or business In work was done, as SILL SAW MILL, BANK, etc. 40. Dato deceased last worker with executation (month) | i at | I1. Total t | ime (years) | | |
| this occupation (month year) | | Spa | ntin this upation | | |
| 12. BIRTHPLACE (city or town) (State or country) | | Md | | Other Contributory Causes of Importance: | |
| 13. NAME DON | t Know | | | 79-14 | |
| 13. NAME DON' 14. BIRTHPLACE (city or town (State or country) |) | Dont Kn | OW /:· | Name of operation Dete of Whet test confirmed diagnosis? hyp - Eyam Was there an a | 1/ |
| 15. MAIDEN NAME | Dont K | now | | | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country) |) | Dont | Know | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? | 1934 |
| 17. INFORMANT | goria | el No | of my | Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ICE. |
| 18. BURIAL, CREMATION, OR REM Plece County (| | ryate Oct | .11.1935 | Manner of Injury Conclusion Left to Lo Nature of Injury - Mount - (over) | of |
| 19. UNDERTAKER | cumb | Wolford erland. | Md | 24. Was disease or injury In any way related to occupation of deceased? | //0 |
| 20. EILED CT 10, 195 | | PAr | Registrar. | (Signed) (Address) Cumbonard Ind | M. D. |
| | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 1913 1930 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDI | TIONAL SPACE FOR FURT | HER STATEMENTS BY | PHYSICIAN | |
|-------------|-----------------------|-------------------|---------------|---------|
| 0-6 | 1) | 0 0 | 1 1 02 | 1 |
| of elus | 5-6 months / 01- | found avan | doved y La | Mode an |
| Log anknown | Parson. Brought | to memorial | Hospital alus | 2 |
| U | | | | |

TION is very important. See instructions on back of certificate.

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| STATE OF | MARYLAND-CERTIFICATE C | OF DEATH 100 | 182 |
|----------|------------------------|--------------|-----|
|----------|------------------------|--------------|-----|

| 1. PLACE O | 000 | | (119) |
|--------------------------------|--|--|--|
| County | Myoney | | Registration Dist. No. 6 |
| Village or C | City Un = E | ora, | NoSt.,Wa |
| Landh of so | : dame = 1 = ata | | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | idence in city or town where | 1 1 11 | ds. How long in U.S. if of foreign birth? yrs mos. |
| 2. FULL NA | ME/Vich. | al win Van | kelh: |
| (a) Resider | ice: No. 74 - | cook rud | St., Ward. |
| | | (Usual place of abode) | If nonresident give city or town and State |
| | AL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3, SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widow | ved, or divorced | 1 | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | ··· | | 22. DIHEREBY CERTIFY, That I attended deceased fr |
| | |) | Wed 10, 1935 to 0 4 10, 193 |
| DATE OF BIRTH | (month, day, and year) | eph 5-193. | I last saw have alive on Q el , 1935; death is s |
| 7. AGE Yea | ars Months | Days If LESS than | to have occurred on the date stated above, at & 30 Am. |
| | 1 | 6 1 day,hrs | were as follows: |
| 8. Trede, profe | ssion, or particular | | acute gasty Enterelia Date of one |
| 9. Industry or work wa SAW MII | work done, as SPINNER, , BDDKKEEPER, etc. | the same of the sa | |
| 9. Industry or | business in which | | |
| SAW MII | s done, as SILK MILL, LL, BANK, etc | | |
| 10. Date deceas | ed lest worked at pation (month and | 11. Total time (years) spent in this | |
| (1113 0000 | pation (month and | occupation | |
| 2. BIRTHPLACE (ci | Warran Kuch | les | Dther Contributory Causes of Importance: |
| (State or cou | | I w va. | |
| E 13. NAME | - In 7/12 | 1 61161 | |
| | | poor. | |
| 14. BIRTHPLACE | | your Min | Name of operation Dete of |
| 1 (State of | | - Durg | What test confirmed diagnosis? Was there en autopsy? |
| 15. MAIDEN NA | ME League | y mura, | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE | | eyeer | Accident, suicide, or homicide?, 19 |
| (State or | country) | Wir | Where did injury occur? |
| 7. INFORMANT (Address) | we Van | pelh mid | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMAT | TIDN, OR REMDVAL | 1 1 | Manner of Injury |
| Place_ | evsor no | Date OCK /3 ,1931 | Nature of injury |
| , | astru . | 1 | 2 |
| 19. UNDERTAKER | Tollark | won your | 24. Was disease or injury in eny way related to occupation of deceesed? |
| (Address) | Register | Brickers & Das | If so, specify Garantees |
| 20, FILED OCH | 19 37 04 | warer /n. | (Signed) M |
| | N | Registrar. | (Address) Leysel W. Vq. |

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| Example I | and the same of th | Example II | | |
|--|--|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week aga | |
| Chronic interstitial nephritis NOV 5 1995 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1 N. B.

| STATE OF MARYLAND | CERTIFICATE OF DEATH | 00 |
|--|--|---------------|
| 1. PLACE OF DEATH | PORATE CIMIL S | 00 |
| County allegany | Registration Dist. No. | - |
| Village or City Camberfand | No. 2/3 Elolo St.6—death occurred in a horpital or institution, give its NAME instead of street and nurr | Ward |
| Length of residence in city or own where death occurred | ds. How long In U.S. if of foreign birth?yrsmos | |
| 2. FULL NAME Glorge W. Wall | urw / | |
| (a) Residence: No. (Usual place of abode) | St., 6 - Ward. | |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and Sta | ale |
| 3. SEX / 4. COLOR OR PACE - 5. SINGLE, MARRIED, WIDOWED. | 21 DATE OF DEATH | |
| Malo Office (write the ford) | OCT. 22 | 93 5 |
| 5a. If married, widowed, or divorced | (Month) (Day) | (Year) |
| HUSBAND OF Comma | 22. HEREBY CERTIFY, That I attended dec | ceased from |
| anna ma | July 1924, to Och. 23 | ., 1935 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h. Liu alive on Oll 2 2 1935; d | death is said |
| 7. AGE Years Months Days If LESS than I day, | to have occurred on the date stated above, atm. | |
| 62 4 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | |
| Trade, profession, or particular kind of work done, as SPINNER, | Chrouce hepolistis | ate of onest |
| SAWYER, BOOKKEEPER, etc. | Chronie myo esselition | 1935 |
| 9. Industry or business in which work was done, as SILK MILL, | Eularged Pristate wit | 1932 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this | Chouse produtates | |
| year) occupation | | |
| 12. BIRTHPLACE (city or town) Plent Ha | Other Contributory Canses of importance: | |
| (State or country) | | |
| I 13. NAME TO Walburn | | |
| 13. NAME TLO Malleure 14. BIRTHPLACE (city or topn) | Name of operation Date of | |
| (State of County) | What test confirmed diagnosis? Was there an auto | psy? 2/6 |
| I 15. MAIDEN NAME Starrel Wouldson | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME Anniel Doubldsone 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury | ., 19 |
| (State or-country) | Where did Injury occur? | |
| 17. INFORMANT 12 living Wallyuru | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Phofelleres ame Date Bet 23, 1935 | Nature of Injury | *********** |
| 19. UNDERTAKER of Orgin Stein Inc | 24. Was disease or Injury In any way related to occupation of deceased? | 10 |
| (Addressymberland Mo | If so, specify | |
| 20. FILEDET 2 4, 193 5 Ja Mankley M. Registrar. | (Signed) (Address) 21.5.24.446 (Leave h 18/4) | M. D |
| If more blanks are needed address Seen Poisson | NO CONTRACTOR OF THE PARTY OF T | The |

adress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| and the second second second second | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 1684 |
|---|---|-----------------|
| 1. PLACE OF DEATH | POPATE LIMITS 92:0 | . , |
| County allegans WITHIN CORF | Registration Dist. No. | 4 |
| Village or City Remelectand | No. 316 Enily St., | Ward |
| Length of residence In city or town where death occurredyrsmos. | death occurred in a hospital or institution, give its NAME instead of street and n | |
| 2. FULL NAME Nettin H Walters | If U.S. Veteran specify WAR | |
| (a) Residence: No. 316 Earth | St. 5 Ward. | |
| (Usual place of abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | 1025 |
| Temule White midewed | (Month) (Day) | (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY, That I attended | deceased from |
| (or) WIFE of Chur Watters | 105,10 Det 13 | 1931- |
| 6. DATE OF BIRTH (month, day, end yeer) Quant 3D 1868 | 1 last saw h elive on Oef 3 , 1955 | ; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to heve occurred on the date stated above, atm. | |
| 67 4 3 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date ol onset |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | 92 - 9/20/20/20 | atra |
| 9 Industry or husiness in which | Jone o wow | 1950 |
| work wes done, es SILK MILL, SAW MILL, BANK, etc. | frent dering | 1228 |
| | | |
| yeer) occupetion | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Islands m | | |
| (State or country) Maryland | | |
| 14. BIRTHPLACE (city or town) Line derich | | |
| 4. BIRTHPLACE (city or town) 4. L. Merines. (State or country) | Name of operation Date of | ns |
| - I Augustina | That too dominion diagnostic transfer and the control of the | |
| T D ali " / | 23. If death was due to external causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide? | 10 |
| O 16. BIRTHPLACE (city or town) / Manager (State or country) | Where did injury occur? | , 17 |
| 17. INFORMANT Fillian Walter | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | e) ACE, |
| (Address) 316 6 mile 14 | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury | |
| Place Desilly Spaines Date lest 16 19 \$ 5 | Nature of injury | |
| 19. UNDERTAKERAMINE Them from | 24. Was disease or injury in any way related to occupation of deceased? | 1 |
| (Address) and mayland | If so, specify De a Oliver | 4 |
| 20. West 15 , 100 Jan Markley Mr. | (Signed) | M. D. |
| Registrar. | (Address) | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | | | Example II | | |
|--------------------------------|--|---------------|--|---------------|--|
| of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | NOV 6 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephriti | 8 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | The state of the s | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory cause | es of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | <u> </u> | |

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | li li | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis OV 6 1935 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 7 | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | J | |

Exact statement of OCCUPA-

EATH in plain terms, so that it may be properly classified.

OE

| STATE OF | MARYLAND | -CERTIFICATE | OF D | EATH |
|----------|----------|--------------|------|------|
|----------|----------|--------------|------|------|

| 1 | 1) | 0 | (1) | 10 |
|----|----|----|-----|----|
| Į. | U | () | 0 | 6 |

| 1. PLACE OF DEATH | (2) |
|--|--|
| County allessons WATHIN CORPORA | TE LIMITS Registration Dist. No. 4 |
| Village or City Combailand. | No. Allegan Hohital St. 4 Ward |
| (If | death occurred in a hopfulal or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. If of foreign birth?ds. |
| 2. FULL NAME Amy Work Hen | es If U.S. Veteran specify WAR. |
| (a) Residence: No. | St., Ward. Weerdenh land. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| anale hat OR DIVORCED (write the word) | Uex 16 193 5 |
| 5a. If married, widowed, or divorced | (Month) (Dey) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thetal ettended deceased from |
| mones & resul | Det 4 ,1935, 10 Oct 16 ,193,1 |
| 6. DATE OF BIRTH (month, dey, and year) Lie 8 1897 | I last sew h. Mu. elive on Def 16 , 1931; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 37 10 8 1dey,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done as SPINNER | Date of onset |
| kind of work done, as SPINNER, Lassner | Chranic Myocartilis |
| 9. Industry or business in which work was done, as SILK MILL, | |
| Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | |
| this occupation (month and spant in this occupation | |
| 2012/01 | Other Contributory Canses of importance: |
| 12, BIRTHPLACE (city or town) W V All (State or country) | |
| | chy, rupusuus |
| = Company of the contract of t | |
| 14. BIRTHPLACE (city or town) | Neme of operation |
| | Whet test confirmed diagnosis? Was there en autopsy? |
| E Barrell 11 | 23. If deeth was due to external causes (VIDLENCE) fill in elso the following: |
| O 16. BIRTHPLACE (city of town) 10 White | Accident, suicide, or homicide? |
| II TAN M | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT COMPANY (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of Injury |
| Place Seconson b Close Och 19, 1935 | |
| 10.14.100 | |
| 19. UNDERTAKER ATTIMO SULLAND TOTAL | 24. Was disease or miury in any way related to occupation of deceased? |
| 10 1 0 0 3. 11 min | (Signed) |
| 20 FILED CL., 1933 Jan J. Banklin, M. h. Registrar. | (Address) A. D. A. D. A. D. A. D. A. D. A. D. |
| a cognition | " Trouble of the state of the s |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis ' C C C C C C | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 6 1935 | July 5,1927 | Peritonitis | 3 days ago |
| BUDGALL V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |



| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (50) |
| County /- ledan WITHIN CORF | ORATE LIMITS Registration Dist. No. |
| Village or City Cambulance | No. 460 Walnut St., Ward |
| Length of residence in city or town where death occurredyrsmos | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds |
| 2. FULL NAME annable Whee | lev If U.S. Veteran specify WAR |
| (a) Residence: No. 460 Walnut | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Of 76 |
| emall Cols Wadowed | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Daw Wheeler | 22. Seld. 10 1930 to Och 20 1930 |
| DATE OF DIRTH (month day of 1847 | Hast saw har alive on Out . 75 193 J death is sei |
| . DATE OF BIRTH (month, day, and year) . AGE Years Months Days If LESS than | to have occurred on the data stated above, at 29m. |
| 58 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance |
| 8 Trade profession or particular | Data of onsal |
| kind of work dona, as SPINNER, house Koefur | |
| kind of work dona, as SPINNER, source Scawyer, BOOKKEFPER, atc | Tome and |
| SAW MILL, BANK, etc | R |
| 10. Data deceased last worked at this occupation (month and year) | venires 1 year ayo |
| Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan | Other Coutributory Causes of importanca: |
| 2. BIRTHPLACE (city or town) | Carlinona of tream orna |
| 13. NAME | John The Control of t |
| District Control of the control of t | Removed of Popul |
| 14, BIRTHPLACE (city or town) (State or country) | Neme of operation Data of |
| | What test confirmed diegnosis? Was there an eulopsy? |
| | 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Date of injury, 19 |
| 2 | Whera did injury occur? (Specify city or town, county and State) |
| 7. INFORMANT CANAL CONTROL Market Tree | Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place A Octoy & Cour Date Octob 128 , 1935 | Nature of injury |
| 9. UNDERTAKER Jours Stein Jone | 24. Was disease or injury in eny way related to occupation of decased? |
| (Address) Camberlance m | If so, specify A |
| | The state of the s |
| 20, FILED CL 2 To 1985 Jan & Olsankles | (Signed) M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | ر ا | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemen, etc. But in many whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronehopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerreral septicaemia," "Puerreral peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia." "Weakness." etc., when a definite disease rhage," "Inamition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustlen." "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) of the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senlle," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal (Recommendations on state-Example: Measles (discase Always qualify all failure." "Haemor-The contributory (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

spinal sp

V. S. No. 1

| | N. B.—WRITE PLATALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | 1 |
|--|---|--|--|--|
| X | Jo u | plno | 000 | 1 |
| (Y | iter | sh | Jo | 1 |
| | very | IANS | ment | 1 |
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| AND THE PROPERTY OF A POST PROPERTY OF THE PRO | NEN | TI | fied. | |
| 77.7 | 2MA | XAC | classi | |
| i | PEF | M | ·ly | ate. |
| 1 | SA | tated | roper | TION is very important. See instructions on back of certificate. |
| 4 | IS I | e | e p | f ce |
| | TH | q p | y b | k o |
| 1 | K | houl | t ma | bac |
| 2 | N | E E | nat i | IS OF |
| - | NIC | Y | so th | ction |
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| | LA | l plu | DE | ry in |
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| 1 | RIT | fion | USE | NO. |
| | M | ma | CA | TIC |
| | B. | 1 | | 1 |
| | Z | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10689 |
|--|---|
| 1. PLACE OF DEATH | |
| County Olles due | Registration Dist. No. |
| Village or City And House | No. Mining Therhotal St. Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME May I Wil | |
| | If U.S. Veteran specify WAR. |
| (a) Residence: No. 1280: [Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Dem. 1. Calved Magned | (Month) (Oay) (Year) |
| 5a' If married, widowed, or diverced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| Jerry Wilson | Oct/0 1935, TO Oct/5-, 1935- |
| 6. DATE OF BIRTH (month, day, and year) Sept 9 1870 | I last saw he alive on Ost 4 , 1935, death Is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, etm. |
| 65 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9 Industry or husiness in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | Duration: Enknown Contess |
| 13. NAME 14. BIRTHPLACE (city or town) 14. Control of the contro | Name of operation |
| (State or country) | Whet test confirmed diagnosis? |
| 15. MAIOEN NAME Reference Italian | 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury |
| (State or country) Un hy | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Chel flash Vaylor | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL | |
| Place The # Dete (Ost 17 1935 | Manner of injury |
| 2 9 1/1 X | |
| 19. UNDERTAKER (Address) | 24. Was disease or injury In any way related to occupation of deceased? |
| 20 EUED 1/17 1035 a.R. Walker | (Signed) M. D. |
| 20. FILED Registrar. | (Address) The Slower Tyd |
| If more blambe are needed address State Periodran | N. Charles Street Relain Branch 91 C No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year |
| | | | 11-11-5-11 |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|-------------------|----|-----------|
|--------------|-------|-----|---------|-------------------|----|-----------|

PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of AGE should be carefully supplied. mation should be -WRITE PLAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (5) |
|--|--|
| County (Leganif WITHIN CORP | ORATE LIMITS Registration Dist, No. 4 |
| Village or City Lugs healand, A. A. | No. Selegant Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | des. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John Store | If U.S. Veteran specify WAR |
| (a) Residence: No. Jefyndman (b. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH /0 - /5 ,193 5 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WHFE of | 22. IMEREBY CERTIFY, That I attended deceased from 19/1, 19.35, to 10/15, 19.25 |
| 6. DATE OF BIRTH (month, day, and year) March 16 - 1907 | I last saw helive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at _ 9_Am. |
| 28 6 29 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Un dul aut Ferr |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end | |
| 10. Date deceased last worked et this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) Hyndman Pa | Other Contributory Canses of importance: |
| (State or country) | |
| 13. NAME Jahre Strand | |
| 14. BIRTHPLACE (city or town) | Name of operation Oete of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Jung Heller | 23. If death was due to external ceuses (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Lyndman, | Accident, suicide, or homicide? Oate of Injury, 19 Where did Injury occur? |
| 17. INFORMANT Mrs Laure Nood | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) | Manner of injury |
| Place Hyndman Va Oate Let 18 , 1935 | Neture of injury. |
| 19. UNDERTAKER CHASA A Side of Change (Address) | 24. Was disease or injury in any way related to occupation of deceased? ?*** If so, specify |
| 20. FICE Late 16, 1955 La Po Franklen M | (Signed) LITW Certs M. O. |
| Registrar. | (Address) |

7. S. No.

N. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| PER AU V. S. | | | 14 |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | , , |
|---|---|-------------|
| 1. PLACE OF DEATH | Parietration Dist. No. 2 | 4 |
| County and garage | Registration Dist. No. | Wan |
| Village or City (If | NoSt., death occurred in a horpital or institution, give its NAME instead of street and nu | mber) |
| Length of rasidance in city or town whera daath occurredyrs,mos. | ds. How long in U.S.if of foralgn birth?yrsmos | d |
| 2. FULL NAME But Manta | If U.S. Veteran apecify WAR | |
| (a) Residence: No. | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | tate |
| PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE_MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| R. SEX 4. COLOR OR RACE Nor D(VORCED (unite the word) | (Mg/th) (Day) | 1936 (Yaar) |
| e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, Thet attended do | eceased fro |
| about 1878 () 1 1 | | |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Deys If LESS than | to have occurred on the date stated above, atm. | 4001111300 |
| 57 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8 Trade profession or particular | | Date of one |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Berebal HEmaradoge | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at his pecunation (month and | 9 | |
| 10. Date decaased last worked at this occupation (month and year) | | |
| 2. BIRTHPLACE (city or town) Oont Know (State or country) | Othar Coutributory Causes of Importance: | |
| | | |
| 13. NAME Out Know 14. BIRTHPLACE (city or town). Sout Know (State or country) | Nema of operation Dete of | |
| (diate of country) | What test confirmed diagnosis? Was there an au | |
| 10.42 - | 23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide? Date of Injury | |
| 16. BIRTHPLACE (city or town) (Stata or country) | Where did lalury occur? | |
| 7. INFORMANT | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury | |
| Plecestly any a Campata D | Neture of injury | |
| 19. UNDERTAKER Augustung (Address) | 24. Was disaase or injury in any way related to occupation of daceased? | |
| 20. FILE OCK 7 1935 Al Barrett | (Signad) Lev J Carly an Cor | 'onu |
| Registrar. | (Addrass) Classification of the control of the | |

cacot.

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| Example I | Example II |
|--|--|
| The principal cause of death and related causes of importance were as follows: | The principal cause of death and related causes Date of onset of importance were as follows: |
| Arteriosclerosis | 915 Attack of epilepsy 1 week ago |
| | 221 Run over by street car 1 week ago |
| Cerebral hemorrhage July | 5,1927 Peritonitis 3 days ago |
| RECEIVED 0 | |
| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones May. | 1,1923 Gastroenteritis 1 year |
| Egypting of the land of control of the control of t | |

| 1 11 | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--------|--|
| Letter | in reg files under Bennett, 11-22-35 |
| 20 ill | egal interment are letter to Datanklin 12-17-35 |
| | 1 total marin - mg - mg - mg - mg - mg - mg - mg - m |